FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State DOCUMENT # 626784 1. Entity Name DAVID B. HEITEL, INC. 05-03-2002 90024 018 ***150.00 Principal Place of Business Mailing Address 7322 MANATEE AVE W 7322 MANATEE AVE W **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address <u>6387 Manatee Ave. W</u> <u>6387 Manatee Ave.</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1918831 Bradenton, Fl 34209 Bradenton, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 34209 Fee Required 7. Name and Address of New Registered Agent Name _ HEITEL, DAVID B Street Address (P.O. Box Number is Not Acceptable) 7322 MANATEE AVENUE W **BRADENTON FL 34209** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE (9/01)☐ Addition NAME HEITEL, DAVID B NAME STREET ADDRESS 7322 MANATEE AVE W STREET ADDRESS 6387 Manatee Ave. W. CITY-ST-7IP **BRADENTON, FL 00000** CITY-ST-ZIP Bradenton, Fl. 34209 Delete TITLE Change ☐ Addition NAME PARKER-HEITEL, SUSAN L NAME STREET ADDRESS 7322 MANATEE AVE W STREET ADDRESS 6387 Manatee Ave. W. CITY-ST-ZIF BRADENTON, FL 00000 CITY-ST-ZIP Bradenton, F1. 34209 Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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941-792-1781

Addition