

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720463

1. Entity Name

HEARTBEAT, INC.

Principal Place of Business

162 FAIRWAY HILLS
P.O. BOX 228
WAYNESVILLE NC 28786
US

Mailing Address

162 FAIRWAY HILLS
P. O. BOX 228
WAYNESVILLE NC 28786
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYLER, SARAH
4708 CENTER DRIVE
TALLAHASSEE FL 32310

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PURVIS, SUSAN H.
20 FAIRWAY HILLS
WAYNESVILLE N.C.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PURVIS, THOMAS G.
20 FAIRWAY-HILLS
WAYNESVILLE NC

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
PD
PURVIS, NANCY P
20 FAIRWAY HILLS
WAYNESVILLE N.C.

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas G. Purvis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/02
Date

828-456-3628
Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90892 032 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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