

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90104 001 ***150.00

0667060 AB

DOCUMENT # F02000004384

1. Entity Name
HEARTLAND ENVIRONMENTAL SOLUTIONS, INC.



Principal Place of Business
**4406 NEW HAVEN AVE.
FORT WAYNE IN 46803**

Mailing Address
**4406 NEW HAVEN AVE.
FORT WAYNE IN 46803**



2. Principal Place of Business
6429-1 GEORGETOWN N BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FORT WAYNE, IN

City & State

4. FEI Number
35-2123361

Applied For
Not Applicable

Zip
46815

Country
USA

Zip
Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
HARTMAN, CRAIG
4406 NEW HAVEN AVE.
FORT WAYNE IN 46803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6429-1 GEORGETOWN N BLVD
FORT WAYNE, IN 46815** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ELY, GINA
4406 NEW HAVEN AVE.
FORT WAYNE IN 46803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6429-1 GEORGETOWN N BLVD
FORT WAYNE, IN 46815** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03 260-425-9750
Date Daytime Phone #

CR2E034 (10/02)