2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 07, 2000 8:00 am Secretary of State DOCUMENT # F97000002952 HEURISTICS BUSINESS HELP, INC. 04-07-2000 90068 036 ***150.00 Mailing Address Principal Place of Business 8047 ROYAL BIRKDALE CIR 8047 ROYAL BIRKDALE CIR BRADENTON FL 34209-BRADENTON FL 34202-2540 34200 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ORENSTEIN, JEFFREY R Street Address (P.O. Box Number is Not Acceptable) 8047 ROYAL BIRKDALE CIR **BRANDENTON FL 34202** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. DC ☐ Addition Change TITLE ☐ Delete TITLE ORENSTEIN, JEFFREY R NAME NAME 8047 ROYAL BIRKDALE CIR STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE ORENSTEIN, VIRGINIA K NAME NAME 8047 ROYAL BIRKDALE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

Delete

ONE NSTE IN 4-3-00

☐ Addition

■ Addition

☐ Change

☐ Change