## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 20, 2002 8:00 am Secretary of State F97000002952 DOCUMENT # 05-20-2002 90022 046 \*\*\*150.00 HEURISTICS BUSINESS HELP, INC. Mailing Address Principal Place of Business 8047 ROYAL BIRKDALE CIR 8047 ROYAL BIRKDALE CIR **BRADENTON FL 34200** BRADENTON FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For BRADENTON, FL 65-0754524 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 City 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, 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01)Addition TITLE Change TITLE ☐ Delete orenstein, Jeffrey R NAME NAME CR2E034 8047 ROYAL BIRKDALE CIR STREET ADDRESS STREET ADDRESS BRADENTON FL CITY-ST-ZIP CITY-ST-ZIP DC ☐ Delete TITLE Addition TITI F NAME ORENSTEIN, VIRGINIA K NAME 8047 ROYAL BIRKDALE CIR STREET ADDRESS STREET ADDRESS BRADENTON FL CITY-ST-ZIP CiTY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE:

changed, or on an attachme

FFICER OR DIRECTOR Dayling Phone #

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

**FILED**