

# 2002 UNIFORM BUSINESS REPORT-(UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # H21915**

1. Entity Name

HERITAGE PLAZA SERVICE CO., INC.

04-22-2002 90293 044 \*\*\*\*61.25

05-15-2002 90073 041 \*\*\*\*88.75

Principal Place of Business

Mailing Address

1325 WEST BEAVER ST.  
 JACKSONVILLE FL 32209  
 US

P.O. BOX 40706  
 JACKSONVILLE FL 32203  
 US

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2962502

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAWKINS, D.C. J  
 1325 W BEAVER ST  
 JACKSONVILLE FL 32203

Name D. Clinton Dawkins, III

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

1325 W. Beaver St.

City Jacksonville

FL

Zip Code

32209

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

D. Clinton Dawkins

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-02

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPSD  
 NAME DAWKINS, CLINTON D III  
 STREET ADDRESS 1325 W BEAVER ST  
 CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE PSTD  
 NAME Dawkins, Clinton D III  
 STREET ADDRESS 1325 W. Beaver St  
 CITY-ST-ZIP Jacksonville FL 32209 ☐ Change ☐ Addition

TITLE PTD  
 NAME DAWKINS, DEWITT C., JR.  
 STREET ADDRESS 4502 IRVINGTON AVE.  
 CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D. Clinton Dawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-02 904 355-3104

CP2E034 (9/01)