

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90134 031 \*\*\*150.00

**DOCUMENT # J21887**  
 1. Entity Name  
**HEINL BROTHERS, INC.**

Principal Place of Business      Mailing Address  
**% JOHN H. HEINL**      **% JOHN H. HEINL**  
**460 24TH ST N.**      **460 24TH ST N.**  
**ST PETERSBURG FL 33713**      **ST PETERSBURG FL 33713**



DO NOT WRITE IN THIS SPACE

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 **59-3032301**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HEINL, JOHN H.**  
**460 24TH ST N.**  
**ST PETERSBURG FL 33713**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

TITLE NAME	VPT HEINL, JOHN H.	<input type="checkbox"/> Delete
STREET ADDRESS	460 24TH STREET	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE NAME	P HEINL, ROGER P.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	460 24TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE NAME	T HEINL, JOHN H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	460 24TH ST N	
CITY-ST-ZIP	ST PETE FL	
TITLE NAME	S HEINL, RICHARD L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	460 24TH STREET N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P.S. Roger P. Heindel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	460 24TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **JOHN H. HEINL**      Date: **2/28/02**      Daytime Phone #: **727-409-9487**

CR2E034 (9/01)