

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90108 040 \*\*\*158.75

**DOCUMENT # J47903**

**1. Entity Name**  
**AMERICAN HERITAGE REAL ESTATE CO.**



**Principal Place of Business**  
PO BOX 915797  
LONGWOOD FL 32791-5797

**Mailing Address**  
PO BOX 915797  
LONGWOOD FL 32791-5797

**2. Principal Place of Business**

**1202 N INDIES CIR**

Suite, Apt. #, etc.

**3. Mailing Address**

**1202 N INDIES CIR**

Suite, Apt. #, etc.

**City & State**

**VENICE, FL**

**Zip**

**Country**

**SARASOTA**

**City & State**

**VENICE, FL**

**Zip**

**Country**

**34292 SARASOTA**

**4. FEI Number**

**59-2755878**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**JENKINS, CAROLYN A**  
**2121 PALM CREST DRIVE**  
**APOPKA FL 32712**

**7. Name and Address of New Registered Agent**

**Name**

**CAROLYN A JENKINS**

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

**1202 N INDIES CIRCLE**

**City**

**VENICE**

**FL**

**Zip Code**

**34292**

**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**

*Carolyn A Jenkins*

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**

**TITLE** PST ☐ Delete  
**NAME** JENKINS, BILLY GENE  
**STREET ADDRESS** 2121 PALM CREST DRIVE  
**CITY-ST-ZIP** APOPKA FL 32712

**TITLE** D ☐ Delete  
**NAME** JENKINS, BILLY GENE  
**STREET ADDRESS** 2121 PALM CREST DRIVE  
**CITY-ST-ZIP** APOPKA FL 32712

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PST ☒ Change ☐ Addition  
**NAME** JENKINS, BILLY GENE  
**STREET ADDRESS** 1202 N INDIES CIR.  
**CITY-ST-ZIP** VENICE, FL 34292

**TITLE** D ☒ Change ☐ Addition  
**NAME** JENKINS, BILLY GENE  
**STREET ADDRESS** 1202 N INDIES CIR  
**CITY-ST-ZIP** VENICE, FL 34292

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

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

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

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

**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

**4/12/03**

Date

Daytime Phone #

CR2E034 (10/02)