FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2002 8:00 am Secretary of State 06-16-2002 90707 012 ***150.00

DOCUMENT # K31330

1. Entity Name HEATON SIGNS INIC.

Secretary of Sta

06-16-2002 90707 012 ***150.0

DO NOT WRITE IN THIS SPACE						~ ~ ~ 100					
2. Principal Place of Business 529 N. PINE ST.											
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
SEBRING FLA. City & State SR						. FEI Numb		726	42	Applied For Not Applicable	
^{zip} 338	Country VSA	Zip	Count	ry	5	. Certificate	~			3.75 Additional e Required	
	DO NOT W	DITE	}	Name	ZIĈHA		Address of	1	egistered A	gent	
DO NOT WRITE				Street Address (P.O. Box Number, is Not Acceptable)							
j	IN THIS SP	ACE	}		~ 1 ,	P	/	_2_	7		
			}	City S	EBRI	NG			FL	Zip Code 33870	
8. The above	named entity submits this statement for	the purpose of changing its	s registered	office or	registered a	agent, or bo	th, in the St	ate of Florid		.5.56 / 0	
SIGNATURE .	Richard M. Marta	W RICHARD	m . H	EATON					5/25	102	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - M After May Amende Make Check Payat	1, Fee is d UBR is	\$550.00 \$61.25	i		ection Camp est Fund Co	paign Finan	cing	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D										
TITLE NAME :	PRESIDENT RICHARD M. HEATON	J ,	TITLE								
STREET ADDRESS	529, M. PINE ST.	•	NAME STREET	ADDRESS	-		12			-	
CITY-ST-ZIP	SEBRING PLA-33870	5	CiTY-S	1 3	•						
TITLE	SECTIVITY TREAS.	· <u>* </u>	TITLE						-		
NAME STREET ADDRESS	ELIZABETH R. LOPEZ 529, N. PINE ST.	- /.	NAME		,			er.			
CITY-ST-ZIP	SEBRING RA 33	970	CITY-ST	ADDRESS -ZIP	*	er.				1.	
TITLE			TITLE	-		· · · · · · · · · · · · · · · · · · ·					
NAME			NAME	- 1							
STREET ADDRESS CITY-ST-ZIP				ADDRESS		- Do) NO	T W	/RITI	=	
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NAME			NAME			IN	I TH	IS SI	PACE		
STREET ADDRESS CITY-ST-ZIP			STREET A	1			i	ě			
TITLE			TITLE	- 211			· · · · · · · · · · · · · · · · · · ·				
NAME			NAME	*				- :			
STREET ADDRESS CITY-ST-ZIP			STREET A			•				1	
TITLE			CITY-ST	ZIP							
NAME			TITLE NAME								
STREET ADDRESS			STREET A	DDRESS							
CITY-ST-ZIP			CITY-ST-					~		•	
of the corp	ertify that the information supplied with thin this report or supplemental report is truoration or the receiver or trustee empow t with an address, with all other like empo	ered to execute this report	the exemp y signature as require	tion stated shall have d by Char	in Section the same loter 607, Flo	119.07(3)(i) legal effect orida Statute	, Florida Sta as if made s; and that	atutes. I furt under oath; my name a	her certify the that I am an appears in B	at the information officer or director lock 11 or on an	

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