

**.. LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90129 045 \*\*\*\*50.00

DOCUMENT # **LO1000015704**

1. Entity Name

HEID ENTERPRISES OF FLORIDA, LLC ✓

**DO NOT WRITE IN THIS SPACE**

954306

2. Principal Place of Business  
101 Stover Road

3. Mailing Address  
101 Stover Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Delaware, Ohio

City & State  
Delaware, Ohio

4. FEI Number  
58-2657902

Applied For  
Not Applicable

Zip  
43015

Country  
USA

Zip  
43015

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
ROBERT L. HEID

Street Address (P.O. Box Number is Not Acceptable)  
35546 Cedar Lane

City  
Leesburg FL Zip  
34788

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

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
Robert L. Heid  
35546 Cedar Lane  
Leesburg, Florida 34788

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
Patricia A. Heid  
35546 Cedar Lane  
Leesburg, Florida 34788

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robert L. Heid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/24/02

Date

(740) 363-9222

Daytime Phone #

CR2E083B (12/01)