

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L75387**

1. Entity Name

CLAUDETTE HEINRICH REALTY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90211 012 ***150.00

Principal Place of Business

Mailing Address

~~381 SANTA ROSA BLVD~~

~~6101~~
FT WALTON BEACH FL 32544
US

25 BAYSHORE DR
SHALIMAR FL 32579-2116
US

2. Principal Place of Business

3. Mailing Address

3 Skipper Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Walton Beach

City & State

Zip

32547

Country

ORalosa

Zip

Country

4. FEI Number

59-3009639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEINRICH, CLAUDETTE
25 BAYSHORE DR.
SHALIMAR FL 32579

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

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

(NOTE: Registered Agent signature required when remstating)

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, 2000 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 ☐ Delete
NAME **D HEINRICH, CLAUDETTE**
STREET ADDRESS **25 BAYSHORE DRIVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

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

TITLE ☐ Delete
NAME **D HEINRICH, DAVID F**
STREET ADDRESS **25 BAYSHORE DRIVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

Claudette Heinrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLAUDETTE HEINRICH

1/13/00
Date

850-862-0008
Daytime Phone #