

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L83943**1. Entity Name  
G.L. HEFFNER SECURITY CONSULTANTS, INC.

| Principal Place of Business                      | Mailing Address                                  |
|--------------------------------------------------|--------------------------------------------------|
| 6405 NW 36 ST<br>STE 226<br>MIAMI<br>33166<br>US | 6405 NW 36 ST<br>STE 226<br>MIAMI<br>33166<br>US |

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**65-0199251**Applied For  
Not Applicable5. 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**GONAZALEZ, RICHARD  
420 LINCOLN ROAD  
SUITE 335  
MIAMI BEACH  
33139  
US

FL

| 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 \_\_\_\_\_ **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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          | STD                 | <input type="checkbox"/> Delete |
|----------------|---------------------|---------------------------------|
| NAME           | HEFFNER CONNIE      |                                 |
| STREET ADDRESS | 4530 NAUTILUS DRIVE |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL      |                                 |

| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |

| TITLE          | DP                  | <input type="checkbox"/> Delete |
|----------------|---------------------|---------------------------------|
| NAME           | HEFFNER GARY L.     |                                 |
| STREET ADDRESS | 4530 NAUTILUS DRIVE |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL      |                                 |

| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |

| TITLE          | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |

| TITLE          | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |

| TITLE          | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

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|----------------|---------------------------------|-----------------------------------|
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |

| TITLE          | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> 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:** Gary L. Heffner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mr. 04/26/2001

Date

Daytime Phone #

CR2E034 (11/00)