

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90965 021 ***150.00

DOCUMENT # M68105

1. Entity Name
HERITAGE BUSINESS CENTER, INC.



Principal Place of Business
% GREGORY D. VELTMAN
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US

Mailing Address
% GREGORY D. VELTMAN
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US

2. Principal Place of Business
10225 Ulmerton Road

Suite, Apt. #, etc.

Suite 3D

City & State

Largo, FL

Zip

33771

Country

Pinellas

3. Mailing Address

10225 Ulmerton Road

Suite, Apt. #, etc.

Suite 3D

City & State

Largo, FL

Zip

33771

Country

Pinellas



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2875721**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELTMAN, GREGORY D.
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
10225 Ulmerton Road, Suite 3D

City
Largo,

FL

Zip Code
33771

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

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	DPT	<input type="checkbox"/> Delete
NAME	VELTMAN, GREGORY D.	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VELTMAN, DAVID M.	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MOORE, JEFFREY	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10225 Ulmerton Road, Suite 3D	
CITY-ST-ZIP	Largo, FL 33771	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10225 Ulmerton Road, Suite 3D	
CITY-ST-ZIP	Largo, FL 33771	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10225 Ulmerton Road, Suite 3D	
CITY-ST-ZIP	Largo, FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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

4/4/03 727-584-7141
Date Daytime Phone #

CR2E034 (10/02)