2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M81017

HEILOO, INC.		
incipal Place of Business	Mailing Address	•



Jan 10, 2003 8:00 am \$ Secretary of State 01-10-2003 90102 046 ***150.00 **FILED**

TITLE NAME VANSTAALDUINEN, DANIEL SIRRET ADDRESS SIRRET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CI	HEILOO	, INC.				
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City & State City & State City & State Country S. Certificate of State Desired Santy Additional Fee Required Fee Required Fee Required Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		— ☐ CHECK HERE IF MAKING	3 CHANGES
September Sept	City & Stat	te .	City & State		4. FEI Number	Applied For
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANSTAALDUINEN, DANIEL 36715 NASHUA BLVD. SORRENTO FL 32776 City FL Zip Code City	Zip	Country	Zin	Country	39-2902033	
VANSTAALDUINEN, DANIEL 38715 NASHUA BLVD. SORRENTO FL 32776 8. The above named only submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of legistered agent, or both, in the State of Florida Davida agent and accept the collegations of legistered agent, or both, in the State of Florida Davida agent and accept the collegations of legistered agent, or both, in the State of Florida Davida agent and accept the collegations of Florida Davida agent and accept the special agent and accept the special agen		Country	Σ ι μ 	Country	5. Certificate of Status Desired	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 1. The above named only submits this statement for the purpose of changing its reg stered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. SIGNATURE Signature Full Now!! FE IS \$150.00 Make Check Payable to Florida Department of State 10.	VANSTA	ALDUINEN, DANIFI	-	Name		
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After May 1, 2003 Fee will be \$550.00 May 6b Added to Florida Department of State 10.		Signature, typed or printed name of registered agent and	title if applicable. (NOTe	E: Registered Agent signature requ	uired when reinstating) DATE	
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		ertify that the information supplied with thi	s filing does not qualify for		Section 119 07/3Vi) Florido Statutos I Guilles	ify 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 of flustee 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:

MELLEZELBECHGWADDSTAALDUINENST) 7AN 8,2003