## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000008116

City-St-Zip: TAMPA, FL 33626

Entity Name: HERITAGE HOUSING, INC.

FILED Jan 07, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	RTH DALE MA	ABRY		
STE. 214	1 22610			
TAMPA, F	L 33010			
Current Mailing Address:		New Mailing Address:		
10012 NO STE. 214 TAMPA, F	RTH DALE MA	ABRY		
FEI Number	r: 59-3757163	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
TAMPA, F	·L 33020			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida. ^ RE:	submits this statement for the nic Signature of Registered Ag		ed office or registered agent, or both,  Date
in the Stat	e of Florida. ^ RE:	nic Signature of Registered Ag	ent	
in the Stati SIGNATU OFFICER Title: Name: Address:	e of Florida.  RE: Electro	nic Signature of Registered Ag CTORS: ) Delete A A	ent	Date
in the Stati SIGNATU  OFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron  S AND DIRECT  DIR ( VALDEZ, CIAR PO BOX 236 DURANT, FL 3	nic Signature of Registered Age TORS: ) Delete A A  33530 ) Delete IARD W IEW AVENUE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR
in the Stat	Electron  S AND DIRECT  DIR ( VALDEZ, CIAR PO BOX 236 DURANT, FL 3  CHRM ( VALDEZ, RICH 2110 SOUTHV TAMPA, FL 33	nic Signature of Registered Age TORS: ) Delete A A 33530 ) Delete IARD W IEW AVENUE 1606 ) Delete RST WAY	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: NANCY MERCADO DIR 01/07/2003