

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47129

1. Entity Name

G'S HEATON, HELP, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90109 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

121 WEST 122ND AVENUE  
TAMPA FL 33612

121 WEST 122ND AVENUE  
TAMPA FL 33612-4209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

SCHRIEFER, GEORGE J.  
6075 PARK BOULEVARD  
SUITE A  
PINELLAS PARK FL 34665

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 reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME BAKER, RICHARD C.  
STREET ADDRESS 2930 E. VINA DEL MAR  
CITY-ST-ZIP ST PETERSBURG BCH FL

TITLE PD ☒ Change ☐ Addition  
NAME Angus Farnum  
STREET ADDRESS 8785 56th Street, No.  
CITY-ST-ZIP Pinellas Park, FL 33782

TITLE STD ☒ Delete  
NAME FARNUM, ANGUS A.  
STREET ADDRESS 8785 56TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK FL

TITLE STD ☒ Change ☐ Addition  
NAME Tammy Jones  
STREET ADDRESS 37252 Hill Top Drive  
CITY-ST-ZIP Zephyrhills, FL 33541

TITLE VD ☐ Delete  
NAME MCNEAL, DELATORRO L.  
STREET ADDRESS 18419 TIMBERLAN DRIVE  
CITY-ST-ZIP LUTZ FL 33549

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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 617, 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 of George J. Schriever*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2000

(813) 935-6540

Date

Daytime Phone #

CR2E037 (9/99)