

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001094

1. Entity Name

HEART OF DAVID INTERNATIONAL, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90402 032 ****61.25

0028477

Principal Place of Business

442 S DILLARD STREET
SUITE 2
WINTER GARDEN FL 34782
US

Mailing Address

PO BOX 680756
ORLANDO FL 32868
US

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

FOWLER, JOSHUA P
1635 HOPE CIRLOE
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name Joshua P. Fowler

Street Address (P.O. Box Number is Not Acceptable)

203 Laurenburg Lane

City Ocoee

FL

Zip Code 34761

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

TITLE **D** ☐ Delete
NAME **FOWLER, JOSHUA P**
STREET ADDRESS **1635 HOPE CIR**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **D** ☐ Delete
NAME **KING, SHONDA**
STREET ADDRESS **4324 W 20TH ST APT 0263**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32405**

TITLE **D** ☐ Delete
NAME **FOWLER, ASHLEY K**
STREET ADDRESS **1635 HOPE CIRCLE**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President, Joshua Fowler** ☐ Change ☐ Addition
NAME
STREET ADDRESS **203 Laurenburg Ln.**
CITY-ST-ZIP **Ocoee FL 34761**

TITLE **Shonda King, Vice Pres.** ☐ Change ☐ Addition
NAME
STREET ADDRESS **5138 Pica Dr Apt. 628**
CITY-ST-ZIP **Orlando, FL 32810**

TITLE **Ashley Fowler, Secretary** ☐ Change ☐ Addition
NAME
STREET ADDRESS **203 Laurenburg Ln.**
CITY-ST-ZIP **Ocoee, FL 34761**

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

TITLE ☐ Change ☐ Addition
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)(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 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:

Ashley K Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ashley K. Fowler

4-18-01

Date

407-905-5656

Daytime Phone #

CR2E037 (10/00)