

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001094

1. Entity Name

HEART OF DAVID INTERNATIONAL, INC.

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90148 003 ****61.25

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

1146 E. Plant St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 680756
Suite, Apt. #, etc.
Orlando, FL

City & State

Winter Garden, FL

City & State

Zip
34787

Country
USA

Zip
32868

Country
USA



DO NOT WRITE IN THIS SPACE

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
203 LAURENBURG LANE
OCOE FL 34761

7. Name and Address of New Registered Agent

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

TITLE PD
NAME FOWLER, JOSHUA
STREET ADDRESS 203 LAURENBURG LN.
CITY-ST-ZIP OCOEE FL 34761

☐ Delete

TITLE VPD
NAME KING, SHONDA
STREET ADDRESS 5138 PISA DR., APT 628
CITY-ST-ZIP ORLANDO FL 32810

☐ Delete

TITLE SD
NAME FOWLER, ASHLEY K
STREET ADDRESS 203 LAURENBURG LN.
CITY-ST-ZIP OCOEE FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ashley Fowler

1-24-02

407-905-5155

Date

Daytime Phone #

CR2E037 (9/01)