

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90310 040 \*\*\*158.75

0346425  
 AV

**DOCUMENT # P00000001957**

1. Entity Name  
**HERITAGE TRUSTMARK SERVICES, INC.**

Principal Place of Business  
**3832 NORTH UNIVERSITY DRIVE  
 SUNRISE FL 33351**

Mailing Address  
**3832 NORTH UNIVERSITY DRIVE  
 SUNRISE FL 33351**



2. Principal Place of Business  
**1550 SAWGRASS CORP. PKWY**

3. Mailing Address  
**1550 SAWGRASS CORP. PKWY**

Suite, Apt. #, etc.  
**SUITE 230**

Suite, Apt. #, etc.  
**SUITE 230**

City & State  
**SUNRISE FL**

City & State  
**SUNRISE FL**

4. FEI Number  
**65-1100925**

Applied For  
 Not Applicable

Zip  
**33323**

Country  
**U.S.A.**

Zip  
**33323**

Country  
**U.S.A.**

5. Certificate of Status Desired ☒ **APPLIED FOR**

**\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**HAYMON, STEVEN  
 12655 NW 17TH PLACE  
 CORAL SPRINGS FL 33071**

## 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

## 11. OFFICERS AND DIRECTORS

TITLE  
**D**  
 NAME  
**HAYMON, STEVEN**  
 STREET ADDRESS  
**3832 N UNIVERSITY DRIVE**  
 CITY-ST-ZIP  
**SUNRISE FL 33351**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**C P D**  
 NAME  
**HAYMON STEVEN**  
 STREET ADDRESS  
**1550 SAWGRASS CORP. PKWY SUITE 230**  
 CITY-ST-ZIP  
**SUNRISE FL 33323**

☒ Change ☒ Addition

TITLE  
**V.S.D.**  
 NAME  
**ANDY SAWWEITZER**  
 STREET ADDRESS  
**1550 SAWGRASS CORP. PKWY SUITE 230**  
 CITY-ST-ZIP  
**SUNRISE FL 33323**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

**411**

CR2E034 (9/01)