


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91367 007 ***158.75

DOCUMENT # <u>P00000001957</u>	
1. Entity Name <u>HERITAGE TRUSTMARK SERVICES INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>13680 NW 5 ST.</u>	3. Mailing Address <u>13680 NW 5 ST.</u>
Suite, Apt. #, etc. <u>SUITE 200</u>	Suite, Apt. #, etc. <u>SUITE 200</u>
City & State <u>SUNRISE, FL</u>	City & State <u>SUNRISE, FL</u>
Zip <u>33325</u> Country <u>USA</u>	Zip <u>33325</u> Country <u>USA</u>

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	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>STEVEN HAYMON</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>12655 NW 17 PLACE</u>		
City <u>CORAL SPRINGS</u> FL Zip Code <u>33071</u>		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Steven Haymon CEO STEVEN HAYMON 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO, D</u> <u>STEVEN HAYMON</u> <u>12655 NW 17 PLACE</u> <u>CORAL SPRINGS FL 33071</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P, D</u> <u>AMNON SCHWEITZER</u> <u>9810 NW 10 ST</u> <u>PLANTATION, FL 33322</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Haymon CEO STEVEN HAYMON 4/22/03 954 572-8228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X3710

CR2E034B (12/02)