


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90747 043 ***150.00

DOCUMENT # P00000019213

1. Entity Name
HERON ASSOCIATES, INC.



Principal Place of Business
8180 NW 48TH LANE
OCALA FL 34482

Mailing Address
8180 NW 48TH LANE
OCALA FL 34482

2. Principal Place of Business
5479 NW 80th Ave Rd
Suite, Apt. #, etc.

3. Mailing Address
5479 NW 80th Ave Rd
Suite, Apt. #, etc.

City & State

Zip **Country**



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0984373 **Applied For**
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HERON, SABRINA L
8180 NW 48TH LANE
OCALA FL 34482

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5479 NW 80th Ave Road
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sabrina Heron* **SABRINA HERON** **3/7/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERON, CRAIG S 8180 NW 48TH LANE OCALA FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5479 NW 80 th Ave Rd
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sabrina Heron* **SABRINA HERON** **3/7/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)