2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 21, 2001 8:00 am Secretary of State DOCUMENT # P0000029204 HERITAGE PALMS HOMEWATCH, INC. 03-21-2001 90050 021 ***150.00 Mailing Address Principal Place of Business 8891 STAGHORN WAY 8891 STAGHORN WAY FT MYERS FL 33908 FT MYERS FL 33908 \mathbf{v} at \mathbf{v} \mathbf{v} 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65099 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUSKEVICH, ARTHUR E Street Address (P.O. Box Number is Not Acceptable) 8891 STAGHORN WAY FT MYERS FL 33908 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE PRESIDENT Delete TITLE SUSKEVICK, IF ENRIGHTA W NAME NAME 8891 STAG HORN COM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AT MUYERS VICE PRESIDENT Change ☐ Addition TITI F ☐ Delete SUSKEVICH CURT NAME NAME 8891 STAGHORA WAY STREET ADDRESS STREET ADDRESS 77 MYERS 7L CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition SECRETARY TITLE SUSKEVICH DAUIDA NAME NAME 91-STAGHORN-WAT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MYFRS IL 33908 Change ☐ Addition TITLE TREASURER ☐ Delete NAME NAME SUSKAVICH, ARTHUR STREET ADDRESS 8891 STAGHOEN WAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employered dexecute 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 at other like employered.

USKEVICH 3/8/01