FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91114 039 ***150.00

DOCUMENT # P00000037445

1. Entity Name
THE HEART PINE CO. INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2962 WESTFIELD RD	PO BOX 6263
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GULF BREEZE, FL	City & State: Gulf Breeze, FL
Zip: 32563 Country: USA	Zip: 32563 Country: USA

4. FEI Number: 59-3648235 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name: JAMES S. CAMPBELL
Street Address (P.O. Box Number is Not Acceptable): 3 WEST GARDEN ST, STE 700
City: PENSACOLA FL Zip Code: 32501

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	GORDON J. SPRAGUE	NAME	
STREET ADDRESS	1600 VIA DELUNA DR, #705E	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	ELIZABETH A. SPRAGUE	NAME	
STREET ADDRESS	1600 VIA DELUNA DRIVE, #705E	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gordon J Sprague — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 Date — 850.934.1910 Daytime Phone #