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2001 UNIFORM BUŞINESS REPORT (UBR)

Mar 26, 2001 8:00 am DOCUMENT # P0000054317 **Secretary of State** HERON CREST DEVELOPMENT CORPORATION 03-26-2001 90024 050 ***150.00 Principal Place of Business Mailing Address 575 S. WICKHAM ROAD 575 S. WICKHAM ROAD SUITE E SUITE E WEST MELBOURNE FL 32904 WEST MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3656069 Not Applicable Zip Zip Country 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 COY A CLARK DETTMER, DALE A Street Address (P.O. Box Number is Not Acceptable) 304 S. HARBOR CITY BLVD. 575 S. WICKHAM SUITE 201 SUITE **MELBOURNE FL 32901** Zip Code WEST HELBOURNE 32904 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 egistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS Change Change TITLE Delete TITLE CLARK, COY A NAME NAME S. WICKHAM ROAD, SUITE E 575 S. WICKHAM ROAD SUITE E STREET ADDRESS STREET ADDRESS 67 S CITY-ST-ZIP WEST MELBOURNE FL 32904 CITY-ST-ZIP BURCOBEDH TEBW Addition TITLE ☐ Change TITLE □ Delete 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-7IP CITY-ST-7IP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAMÉ NAME STREET ADDRESS STREET ADDRESS

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:

Or A. CLARK PRES DENT

3 23 01 321-723-9888

Date Daylime Phone #

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