

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91346 002 ***150.00

0269155

DOCUMENT # P00000056346

1. Entity Name
HEART TO HEART COMPANIONS, INC.

Principal Place of Business 956 MOCKINGBIRD LANE.#505 PLANTATION FL 33324	Mailing Address 956 MOCKINGBIRD LANE.#505 PLANTATION FL 33324
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C0028549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>SAME</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FFL Number 85-1019976	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHOEN, PETER
 956 MOCKINGBIRD LANE,#505
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ (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)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SCHOEN, PETER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	956 MOCKINGBIRD LANE,#505		
CITY-ST-ZIP	PLANTATION FL 33324		
STD	TERNEUS, MARIA PAULINA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	956 MOCKINGBIRD LANE,#505		
CITY-ST-ZIP	PLANTATION FL 33324		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Peter W Schoen* **PETER W SCHOEN** Date: *2/26/01* **2/26/01** Daytime Phone #: *954 472-0187*

CR2E034 (10/00)