

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000075847**1. Entity Name
HEATHRON CORPORATION**Principal Place of Business**10401 WEST BROWARD BOULEVARD
UNIT 101
PLANTATION FL
33324**Mailing Address**10401 WEST BROWARD BOULEVARD
UNIT 101
PLANTATION FL
333242. Principal Place of Business
P.O. BOX 152563. Mailing Address
P.O. BOX 15256

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION FLCity & State
PLANTATION FL

4. FEI Number

Applied For

☒ Not ApplicableZip Country
33318Zip Country
333185. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**RANDELL ARTHUR H
10401 WEST BROWARD BOULEVARD
UNIT 101
PLANTATION FL
33324**7. Name and Address of New Registered Agent**

Name

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

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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**TITLE D ☐ Delete
NAME RANDELL SUSAN L
STREET ADDRESS P.O. BOX 15256
CITY-ST-ZIP PLANTATION FL 33318TITLE D ☐ Delete
NAME RANDELL ARTHUR H
STREET ADDRESS P.O. BOX 15256
CITY-ST-ZIP PLANTATION FL 33318TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
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 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: Susan L. Randell

Dir

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)