


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90234 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000099701		
1. Entity Name HEIDI'S HIDEAWAY, INC.		
Principal Place of Business 11720 US HWY. 19 NORTH PORT RICHEY, FL 34667		Mailing Address 11720 US HWY. 19 NORTH #4 PORT RICHEY, FL 34667
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip 34668	Country	Zip 34668 Country
4. FEI Number 59-3681672		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
X CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent MCCONNELL, WILLIAM 11720 US HWY. 19, SUITE 4 PORT RICHEY, FL 34667		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34668
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent's signature required when appointing) Signature, typed or printed name of registered agent and title if applicable. DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>	T MCCONNELL, WILLIAM 11720 US HWY. 19 NORTH PORT RICHEY, FL 34667	TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> DD 34668
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: William M. McConnel PRES. Signature and Type or Printed Name of Signing Officer or Director		4/22/03 727 934 5063 Date Daytime Phone #

11016660



CH2034 (10/02)