FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93595 045 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

673505

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000116725

1. Entity Name
HEARTWOODES, INC.

Principal Place of Business	Mailing Address
1255 MASON AVENUE DAYTONA BEACH FL 32117	1255 MASON AVENUE DAYTONA BEACH FL 32117

2. Principal Place of Business: PO Box 263220/214 Ora St.
Suite, Apt. #, etc.:
City & State: Daytona Beach, FL
Zip: 32126 County: Volusia

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: RICHARD K. CHLECHMAN
Street Address (P.O. Box Number is Not Acceptable): 1255 MASON AVENUE
City: DAYTONA BEACH, FL. 32117 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 required when changing registered agent) 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, 2002 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GETTINGS, RANDY R ~~1255 MASON AVENUE~~ PO Box 263220 DAYTONA BEACH FL ~~32117~~ 32126	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD LINKOUS, DOUG ~~1255 MASON AVENUE~~ PO Box 263220 DAYTONA BEACH FL ~~32117~~ 32126	☐ Delete	☐ Change ☐ Addition
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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: R.R. Gettings 5/12/02
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #