FOR PROFIT CORPORATION 6/ NIFORM BUSINESS REPORT (UBR)

FILED Jul 07, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPURT (UBK)					, 06-19-2003 90044 040 ***150.00		
DOCUMENT # P00000116725 1. Entity Name Heartwoodes Inc.							
# 14 mis	791						
	DO NOT WRITE	IN THIS SE	ACE		4400540	1	
2. Principal Place of Business 2.4 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			763220		DO NOT WRITE IN THIS SPACE		
CATE	one Boedy FL	Cipre State DETONE BEE	ech, FL	4. F	El Number	Applied For Not Applicable	
Zip 32	118 Country USA	Zip 32126	Country USA	5. 0	Pertificate of Status Desired	\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name P. Colling 5 Street Address (P.O. Box Number is New Access able) IN THIS SPACE							
	IN I HIS SP	AUE	City	<u>n. l.</u>		Zin Coria	
8. The above named entity scornits this pratement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept							
SIGNATURE Signature, typed or printed hand by Agustered/signst and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE							
Make Check	nuary 1° May 1° Fee Is \$150.00 After May 1° Fee Is \$550.00 Amended UBR Is \$61'25 Payable to Florida Department of	(-0.3 -0.4 -0.4 -0.4 -0.4 -0.4 -0.4 -0.4 -0.4			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	Proside t	DIRECTORS	TITLE:	e de la companya de l		2	
NAME STREET ADDRESS CITY-ST-ZIP	PO COX 21/2220	Heatwoodes Inc.	STREET ADDRESS			1200	
TITLE	VP Linkons		MANE			CRZE034B	
STREET ADDRESS CITY-ST-ZIP	10 box 263220 Deutons Beach FL 3	ટ ા ટ્ય	STREET ADDRESS				
TITLE NAME	Validate Hachte of	<u></u>	1771E NAME	7.75			
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12. I hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my supplemental report is true and accurate and the supplemental report is true and the sup							
of the corporation or the contract of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with a prior fixe empowered.							