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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-10-2002 90048 020 ***150.00

DOCUMENT # P01000003016

1. Entity Name

HEANEY BROTHERS, INC.

Principal Place of Business

Mailing Address

~~110 WEST ORANGE STREET~~
~~ALTAMONTE SPRINGS FL 32714~~
~~110 WEST ORANGE STREET~~
~~ALTAMONTE SPRINGS FL 32714~~
5783 CHIPOLA CIRCLE
ORLANDO FL 32839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-3688472

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

P HEANEY

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

113 W LAKE FAITH DR.

City

MAITLAND**FL**

Zip Code

32751

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 **P. Heaney Admin.**

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

(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, 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 ☐ Delete
 NAME **PSD HEANEY, NICHOLAS**
 STREET ADDRESS ~~110 WEST ORANGE STREET~~
 CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL 32714~~

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME **VTD HEANEY, JULIAN**
 STREET ADDRESS ~~110 WEST ORANGE STREET~~
 CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL 32714~~

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
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 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:

P. Heaney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
04/23/02

Date

407 862 3053

Daytime Phone #

PAID CK 1122

CR2E034 (9/01)