

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000011574**

1. Entity Name

**HERITAGE FINANCIAL SERVICES OF SOUTH FLORIDA, INC.**

Principal Place of Business

**C/O MACLEAN AND EMA  
2600 NE 14TH ST CAUSEWAY  
POMPANO BEACH FL 33062**

Mailing Address

**C/O MACLEAN AND EMA  
2600 NE 14TH ST CAUSEWAY  
POMPANO BEACH FL 33062**

2. Principal Place of Business

**2480 NE 23RD ST  
Suite, Apt. #, etc.**

3. Mailing Address

**2480 NE 23RD ST  
Suite, Apt. #, etc.**

City &amp; State

**POMPANO BEACH, FLORIDA**Zip  
**33062**Country  
**USA**

City &amp; State

**POMPANO BEACH, FLORIDA**Zip  
**33062**Country  
**USA**

4. FEI Number

**65-0414452**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MACLEAN, LAURA G  
C/O MACLEAN AND EMA  
2600 NE 14TH ST CAUSEWAY  
POMPANO BEACH FL 33062**

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

*Robert J. McCarver*

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****TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
**D  
MCCARVER, ROBERT I  
4221 NE 22ND TERR  
LIGHTHOUSE POINT FL 33064** ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
**D  
MACLEAN, FREDERICK R JR  
4270 NE 22ND TERR  
LIGHTHOUSE POINT FL 33064** ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
**D  
TAYLOR, SAMUEL H  
792 SW 2ND ST  
BOCA RATON, FL 33486** ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
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CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition

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:

*Robert J. McCarver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
Jul 02, 2002 8:00 am  
Secretary of State**

05-28-2002 91788 020 \*\*\*150.00

**37353**

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)