

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90318 016 ***550.00

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DOCUMENT # P01000019088

1. Entity Name
HEALD ENTERPRISES, INC



Principal Place of Business
**2860 SE 34TH ST
OCALA FL 34471**

Mailing Address
**2860 SE 34TH ST
OCALA FL 34471**



2. Principal Place of Business
PO Box 830550

3. Mailing Address
PO Box 830550

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number **59-3697841**

Applied For
Not Applicable

Zip **34483** Country **U.S.A.**

Zip **34483** Country **U.S.A.**

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

**HEALD, FREDERICK II
2860 SE 34TH ST
OCALA FL 34471**

Name

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

5001 SW 20th ST APT 4610

City
OCALA

FL

Zip Code
34474

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

Frederick A. Heald II

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HEALD, FREDERICK II**
STREET ADDRESS **2860 SE 34TH ST**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **HEALD, FREDERICK A. II**
STREET ADDRESS **P.O. Box 830550**
CITY-ST-ZIP **OCALA FL 34463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **HEALD, CURTIS J.**
STREET ADDRESS **5001 SW 20th ST APT 460**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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:

Frederick A. Heald II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK A. HEALD II

Date

Daytime Phone #

352-362-1457

CR2E034 (4/03)