

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000058171**Entity Name  
**V.H. HEARN MECHANICAL OF TALLAHASSEE, INC.****FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90125 028 \*\*\*150.00

Principal Place of Business  
**796 BIG BRANCH RD.  
MIDDLEBURG FL 32068**Mailing Address  
**1796 BIG BRANCH RD.  
MIDDLEBURG FL 32068**

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**59-3552435**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****PEPER, RICHARD C JR.  
3030 HARTLEY RD., STE. 150  
JACKSONVILLE FL 32257****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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****OFFICERS AND DIRECTORS**FILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HEARN, ERIC  
1796 BIG BRANCH RD.  
MIDDLEBURG FL 32068** ☐ DeleteFILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HEARN, JANICE  
1796 BIG BRANCH RD.  
MIDDLEBURG FL 32068** ☐ DeleteFILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteFILE  
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☐ DeleteFILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteFILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:****JANIS HEARN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/30/02**  
Date**(904) 781-1226**  
Daytime Phone #

CR2034 (9/01)