2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P01000085899 **DOCUMENT #**

1. Entity Name

HERON PROPERTIES, INC.

Principal Place of Business



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90109 036 ***150.00

4134 GULF OF LONGBOAT KE		IVE SUITE 302		4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228								
2. Principal P	ace of Busin	ness		ing Address				1		IE MORFE ANNUA YO	IB) QUAN 18318 11	6)18 1911 1401
149 SH	PO4	DAY LOOP	149	SHADY OF	1 >+	<u> </u>						
Suite, Apt.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		FLORIDA	, ,	City & State				4. FEI Number 59-3756133			<u> </u>	plied For t Applicable
DAVEN (Country	Zip	Zip Cou		LoでA untry いか		5. Ce	ertificate of Status Desired		8.75 Add	litional
33896 USA							7. Name and Address of New Registered Agent				<u> </u>	
	6. Name	and Address of Curre	nt Hegistere	d Agent		Name		/. Na	me and Address of New A	egistereu A	gent	
VENIED O	прістары	ED Day				VENIER CHRISTOPHER R						
•		ER-R>	1		Street Address (P.O. Box	Number is Not Acceptable	(e		į
		CO DRIVE SUITE 302	•			14.	7 34	THO .	4 OHN COC) Y		1
LONGBOA	I KEY FL	34228										
						City	- A . s.:	~0	002T	FL	Zip Code	896
		y submits this statement tered agent/	t for the purp	ose of changing its	register	ed office o	r registere	ed ager	nt, or both, in the State of Flo	orida. I am fa		
		4 5										}
SIGNATURE .	Signature, typed	or printed name of registered agr	ent and title if app	ficable. (NOTE	: Registere	d Agent signa	ture required	when reins	stating)	DATE		
			· · · · · · · · · · · · · · · · · · ·			•	***		-			
7		!! FEE IS-\$150.00 03 Fee will be \$550.0	10						Election Campaign Fir			0 Мау Ве
		o Florida Department		•					Trust Fund Contributio	n. L	Added	I to Fees
10.		OFFICERS AN		RS.	11.			ADD	ITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	PD	OFFICERS AF	NO DIFFICUTO	Delete	TITL		PD			····	Change	Addition
NAME		HRISTOPHER R		L Delete	NAM		VEN	IER.	CHRUSTOPHER (Z		_
				•	STR	ET ADDRESS	149 SHADY DAK LOOP					
CITY-ST-ZIP				Cr								
TITLE	VD	··		☐ Delete	TITL	E	40				Change	☐ Addition
NAME	VENIER, ROSALYN A				NAM	E.	VEN,	ER (ZOSALUN A]
STREET ADDRESS				?	STRI	EET ADDRESS	144	344	on oak Loop			1
CITY-ST-ZIP		T KEY FL 34228			CITY	-ST-ZIP	OAV	ENPO	ort. FL 338	чь .		
TITLE				☐ Delete	TITL	E					☐ Change	☐ Addition
NAME		2 - 2 - 12	-		· NAM	lEr → r ···		***	r tall and the second	,	م د د د	
STREET ADDRESS				•		EET ADDRESS	İ					
CITY-ST-ZIP		W			ÇITY	-ST-ZIP						
TITLE				☐ Delete	TITL						☐ Change	☐ Addition
NAME					NAM							\
STREET ADDRESS						EET ADDRESS						ĺ
CITY-ST-ZIP					CITY	'-ST-ZIP	ļ		<u></u>			
TITLE				☐ Delete	TITL		1				☐ Change	☐ Addition
NAME					NAM		-					
STREET ADDRESS						EET ADDRESS	1					ļ
CITY-ST-ZIP					_	'-ST-ZIP	+					
TITLE	1			☐ Delete	TITL		-				☐ Change	☐ Addition
NAME	1				NAM							ļ
STREET ADDRESS						EET ADDRESS '-ST-ZIP						
CITY-ST-ZIP	<u> </u>						1		(0.07(0)/0) Fig. 1 (1.01-1-1	1 & cath	ife , shows show !	aformatica
12. I hereby	certify that th	e information supplied v	with this filing	does not qualify for	the exe	emption sta	ated in Se	ection 11	19.07(3)(i), Florida Statutes.	: turther cert	iny that the ir	or director

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 accuracy, with all other like empowered.

SIGNATURE:

QUIRCHAISTOPHER R VENIER.