

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

05-21-2002 91190 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108503

1. Entity Name

Heart Environmental, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1241 Dover Circle

3. Mailing Address

1241 Dover Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703

Country

USA

Zip

32703

Country

USA

4. FEI Number

59-3751184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ralph E. Anderson

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

1177 Louisiana Avenue, Ste 109

City

Winter Park

FL

Zip Code

32789

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

Ralph E. Anderson

PTD

1241 Dover Circle

Apopka, FL 32703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Billy E Hendrix

VPD

1241 Dover Circle

Apopka, FL 32703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Marlene P. Hendrix

SD

1241 Dover Circle

Apopka, FL 32703

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

407-880-5887

Daytime Phone #

CR2E034B (12/01)