


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2003 8:00 am  
Secretary of State

02-17-2003 90334 033 \*\*\*150.00

**DOCUMENT # P02000010110**

1. Entity Name  
**HEINERTH PRODUCTIONS, INC.**



Principal Place of Business  
**8109 NEW YORK AVENUE  
HUDSON FL 34667**

Mailing Address  
**8109 NEW YORK AVENUE  
HUDSON FL 34667**

**10023738**



2. Principal Place of Business  
**16030 FROST DRIVE**

3. Mailing Address  
**16030 FROST DRIVE**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**HUDSON, FL**

City & State  
**HUDSON FL**

4. FEI Number  
**04 3694986**

Applied For  
 Not Applicable

Zip  
**34667**

Country  
**USA**

Zip  
**34667**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**HEINERTH, PAUL**  
**8109 NEW YORK AVENUE**  
**HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name  
**JILL HEINERTH**

Street Address (P.O. Box Number is Not Acceptable)  
**16030 FROST DR.**

City  
**HUDSON**

FL Zip Code  
**34667**

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 *Paul Heinert* **PAUL HEINERTH** **2-13-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD HEINERTH, PAUL 8109 NEW YORK AVENUE HUDSON FL 34667</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HEINERTH, JILL 8109 NEW YORK AVENUE HUDSON FL 34667</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT HEINERTH, JILL 16030 FROST DR. HUDSON, FL 34667</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT HEINERTH, PAUL 16030 FROST DR. HUDSON, FL 34667</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul Heinert* **2-13-03** **727-869-8635**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)