

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90243 044 ***150.00

DOCUMENT # P02000011804

1. Entity Name
HEC DEVELOPMENT CORP.



Principal Place of Business
6404 MANATEE AVENUE WEST
SUITE K
BRADENTON FL 34209

Mailing Address
6404 MANATEE AVENUE WEST
SUITE K
BRADENTON FL 34209



2. Principal Place of Business
5136 SAN JOSE ST

Suite, Apt. #, etc.

Tampa

City & State

FL

Zip

33629

Country

USA

3. Mailing Address
5136 SAN JOSE ST

Suite, Apt. #, etc.

Tampa

City & State

FL

Zip

33629

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0488235

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOLWAY, FLOYD J
6404 MANATEE AVENUE WEST
SUITE K
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name **HOLWAY JAMES D**

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

5136 SAN JOSE ST

City **Tampa**

FL

Zip Code

33629

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 *James D. Holway*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-03

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 **P** ☐ Delete
NAME **HOLWAY, FLOYD J**
STREET ADDRESS **6404 MANATEE AVENUE WEST, SUITE K**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **V** ☐ Delete
NAME **CARLISLE, PAUL A**
STREET ADDRESS **3618 SAN JUAN ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **V** ☐ Delete
NAME **EDEN, WILLIAM B**
STREET ADDRESS **5208 2ND AVE. DR. NW**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **HOLWAY, CHRISTOPHER M**
STREET ADDRESS **5136 SAN JOSE ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **V** ☒ Change ☐ Addition
NAME **HOLWAY, JAMIE P**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
NAME **HOLWAY, JAMES D**
STREET ADDRESS **5136 SAN JOSE ST**
CITY-ST-ZIP **TAMPA, FL 33629**

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

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

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:

James D. Holway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

Date

727-586-3541

Daytime Phone #

CR2E034 (10/02)