

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10/2003-90054-042-\$200.00-\$200.00

03 SEP 25 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000065953

1. Entity Name
HEAVENLY SINSATIONS, INC.



Principal Place of Business
~~3617 WINDCHIME LANE
DOVER FL 33527~~

Mailing Address
~~3617 WINDCHIME LANE
DOVER FL 33527~~

2. Principal Place of Business

1803 JL Redman Pkwy
Suite, Apt. #, etc. Suite B

3. Mailing Address

Suite, Apt. #, etc.

City & State
Plant City, FL

City & State

Zip
33566

Country
USA

Zip

Country

4. FEI Number
38-3652557

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DWYER, JOHN A
508 NORTH ALEXANDER STREET
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME COCHRAN, KIMBERLY SUE
STREET ADDRESS 4812 CHARLIE TAYLOR ROAD
CITY-ST-ZIP PLANT CITY FL 33565 ☐ Delete

TITLE
NAME COCHRAN, Kimberly Sue ☒ Change ☐ Addition
STREET ADDRESS 1803 Suite B JL Redman Pkwy
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D
NAME SINGLETARY, ERIC JAMES
STREET ADDRESS 3817 WIND CHIMES LANE
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-23-03

(813-717-7512)

CR2E034 (4/03)

Attachment

80146859

#FD0200065953

To Fla Dept of STATE - Division of Corporations -

Heavenly Simsations has proudly been open to the public for 369 days as a two owner, family operated business. Both myself and partner are novice in the "Business of being in business," with little help from our "CORPORATE ATTORNEY" as it were, we new nothing of the renewal process and quite frankly are just starting to learn the facts of incorporating.

Our Sept. 10 mailing for renewal was the first we received. We ask that you take into consideration our obvious "Slow Learning Curve" and allow Heavenly Simsations Deli/Bakery to operate as "INC." for the STANDARD "UBR" fee.

Thank you for considering our request and please contact Kim Cochran or Eric Singletary immediately if the enclosed amount is insufficient.


Eric Singletary
Kimberly Cochran

Thank You Again
AND PLEASE CONSIDER the miracle of
A TWO PERSON Sandwich shop lasting