

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90117 016 ***150.00

DOCUMENT # P02000078887

1. Entity Name
HEIBER PATENT LICENSING CORP.



Principal Place of Business
**1247 GLENCREST DR.
LAKE MARY FL 32746**

Mailing Address
**1247 GLENCREST DR.
LAKE MARY FL 32746**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILBRATH, STEPHEN D
255 S. ORANGE AVE., SUITE 1401
ORLANDO FL 32802-3791**

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 _____ (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 ☐ Delete
NAME **D**
STREET ADDRESS **BALEY, RAYMOND J JR.**
CITY-ST-ZIP **1247 GLENCREST DR.
LAKE MARY FL 32746**

TITLE ☐ Change ☒ Addition
NAME **VILA PRESIDENT**
STREET ADDRESS **ALBERT BROOKS**
CITY-ST-ZIP **1247 GLENCREST DR
LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

ALBERT BROOKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03 **407-833-8365**
Date Daytime Phone #

00000000
AV

CR2E034 (4/03)