## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P02000078887 **DOCUMENT #**

1. Entity Name

HEIBER PATENT LICENSING CORP.



## **FILED** Jul 10, 2003 8:00 am Secretary of State 07-10-2003 90117 016 \*\*\*150.00

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Sulle, Apt. #, etc.  Sulle, Apt. #, etc.  Sulle, Apt. #, etc.  City & State  Country  S. Contilicate of Status Desired  Server  6. Name and Address of Current Registered Agent  Name  MILBRATH, STEPHEN D  255 S. ORANGE AVE., SUITE 1401  ORLANDO FL 32802-3791  City  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  City  FL  Zir  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  City  FL  Zir  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  City  FL  Zir  City  FL  Zir  Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  City  FL  Zir  City  FL  Zir  City  FL  Zir  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  City  FL  Zir  City  FL  Zir  Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  Address (P.O. Box Number is Not Acceptable)  City  FL  Zir  City  FL  Zi	18) 1818/1818 1887 1889
City & State  Country  Country  S. Certificate of Status Desired  S. R. Fee Ru  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zit  City  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 the obligations of registered agent agent and title it 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  10. OFFICERS AND DIRECTORS  ITILE  DATE  Delete  TILE  Delete  TILE  Delete  TILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  LAKE MARY FL 32746  TILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TILE  Delete  TILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TILE  Delete  TILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TILE  Delete  TILE  Delete  TILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TILE  Delete  TILE  Delete	184 18101 18111 1884 1881
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6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zit  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12.47 GLENCREST DR.  STREET ADDRESS  CITY-ST-ZIP  LAKE MARY FL 32746  TITLE  NAME  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete	Applied For Not Applicable
MILBRATH, STEPHEN D 255 S. ORANGE AVE., SUITE 1401 ORLANDO FL 32802-3791  City FL Zit  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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and late it applicable. (NOTE: Registered Agent signature required when reinstating)  After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12.4.7 GLENCREST D.R.  13. BALEY, RAYMOND J.JR.  14. STREET ADDRESS  17.4.7 GLENCREST D.R.  17.4.7 GLENCREST D.R	75 Additional Required
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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: