

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

**FILED**  
**Jun 26, 2003 8:00 am**  
**Secretary of State**

06-26-2003 90038 025 \*\*\*550.00

**DOCUMENT # P02000092713**

1. Entity Name  
**HEEKIN & HEEKIN, P.A.**



Principal Place of Business  
**505 LANCASTER ST. STE 14-B  
JACKSONVILLE FL 32204**

Mailing Address  
**505 LANCASTER ST. STE 14-B  
JACKSONVILLE FL 32204**



2. Principal Place of Business  
**4540 SOUTHSIDE BLVD**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**SUITE 801**

Suite, Apt. #, etc.

City & State  
**JACKSONVILLE FL**

City & State

4. FEI Number  
**06-1649049**

Applied For  
☐ Not Applicable

Zip  
**32216**

Country  
**DUVAL**

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**

**HEEKIN, M. MARK ESQ  
505 LANCASTER ST STE 14-B  
JACKSONVILLE FL 32204**

Name

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

**4540 SOUTHSIDE BLVD. SUITE 801**

City **JACKSONVILLE**

FL

Zip Code  
**32216**

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.

**M. MARK HEEKIN, ESQ.**

**6/20/03**

(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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **HEEKIN, DAVID J**  
STREET ADDRESS **505 LANCASTER ST, STE 14-B**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☒ Change ☐ Addition  
NAME **HEEKIN, DAVID J.**  
STREET ADDRESS **4540 SOUTHSIDE BLVD. SUITE 801**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Delete  
NAME **HEEKIN, M. MARK**  
STREET ADDRESS **505 LANCASTER ST, STE 14-B**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☒ Change ☐ Addition  
NAME **HEEKIN, M. MARK**  
STREET ADDRESS **4540 SOUTHSIDE BLVD. SUITE 801**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/20/03**

**904/998-4200**

Date

Daytime Phone #

CR2E034 (10/02)