

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90124 011 ***150.00

DOCUMENT # P02000097361

1. Entity Name
HEFFREN MARKETING, INC.



Principal Place of Business
13537 LAKE VINING DRIVE #12302
ORLANDO FL 32821

Mailing Address
13537 LAKE VINING DRIVE #12302
ORLANDO FL 32821

2. Principal Place of Business
5450 1st Ave N, Ste A
Suite, Apt. #, etc.
A

3. Mailing Address
5450 1st Ave N
Suite, Apt. #, etc.
A

City & State
St. Petersburg

City & State
St. Petersburg

4. FEI Number
55-0812223

Applied For
Not Applicable

Zip 33710 **Country** Pinellas

Zip FL **Country** Pinellas

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HEFFREN, JOHN
13537 LAKE VINING DRIVE #12302
ORLANDO FL 32821

7. Name and Address of New Registered Agent

Name Elizabeth T. Crawford
Street Address (P.O. Box Number is Not Acceptable) 5450 1st Avenue N, Ste A
City St. Petersburg **FL** **Zip Code** 33710

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/4/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HEFFREN, JOHN	
STREET ADDRESS	13537 LAKE VINING DRIVE #12302	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.P.S.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heffren, John	
STREET ADDRESS	1706 Windridge Dr.	
CITY-ST-ZIP	Dunwoody, GA 30350-2860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: John Heffren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/4/03

Daytime Phone #

CR2E034 (10/02)