

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90211 011 ***150.00

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DOCUMENT # P02000108072

1. Entity Name

FLORIDA HERITAGE BUILDERS, INC.



Principal Place of Business

~~420 52ND STREET~~
~~HOLMES BEACH FL 34217~~

Mailing Address

~~POST OFFICE BOX 131~~
~~BRADENTON BEACH FL 34217~~

2. Principal Place of Business

6150 STATE ROAD 70 EAST
Suite, Apt. #, etc.

3. Mailing Address

6150 SR 70 EAST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
BRADENTON, FL

City & State
BRADENTON, FL

4. FEI Number
02-0647372

Applied For
Not Applicable

Zip
34203

Country
MANATEE

Zip
34203

Country
MANATEE

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

6. Name and Address of Current Registered Agent

SABUK, STANLEY J

~~420 52ND STREET~~

~~HOLMES BEACH FL 34217~~

7. Name and Address of New Registered Agent

Name

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

502 SOUTH JESSICA ST

City

NOKOMIS

FL

34215

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 *Stanley J Sabuk*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.30.03

FILE NOW!!! FEE IS \$150.00 F
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 NAME STREET ADDRESS CITY-ST-ZIP	D ROLLINS, EURSTON 4611 9TH STREET EAST ELLENTON FL 34222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLINS, THOMAS G 904 44TH AVENUE EAST ELLENTON FL 34222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABUK, STANLEY J 420 52ND STREET HOLMES BEACH FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

502 SOUTH JESSICA ST
NOKOMIS, FL 34215

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:

Stanley J Sabuk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

941-704-3874

Date

Daytime Phone #

CR2E034 (10/02)