

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90189 021 \*\*\*150.00

DOCUMENT # P02000108427

1. Entity Name  
**HEADS OVER TAILS, INC.**



Principal Place of Business  
**3535 HWY 17  
ORANGE PK FL 32003**

Mailing Address  
**2622 PINWOOD BLVD S  
MIDDLEBURG FL 32068**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-1652597**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4TH FL  
MIAMI FL 33145**

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

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

(NOTE: Registered Agent signature required when reinstating)

**8-11-03**

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 **PTD**  
NAME **WILLIAMS, BRIGITTE**  
STREET ADDRESS **3535 HWY 17**  
CITY-ST-ZIP **ORANGE PK FL 32003**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VSD**  
NAME **MILAM, OPAL**  
STREET ADDRESS **3535 HWY 17**  
CITY-ST-ZIP **ORANGE PK FL 32003**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

**BRIGITTE WILLIAMS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-11-03 269-0077**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80142811

PO2000108427

*Evelyn Noel - Accountant*

Member National Association of Public Accountants

3711 Trout River Blvd.  
Jacksonville, Florida 32208  
Telephone 768-6486  
Fax 764-1881

August 11, 2003

State of Florida  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

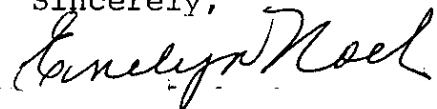
Gentlemen;

Heads over Tails Inc

Gentlemen:

We did not receive the original renewal of the Corporation, therefore we are returning this one completed with our check for \$150 to cover the cost of renewing the above mentioned Corporation. If additional information is needed please feel free to advise.

Sincerely,



Evelyn Noel

cc; file