

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90077 006 ***150.00

0480504 AV

DOCUMENT # P02000118312



1. Entity Name
THE HEFFRON GROUP INC.

Principal Place of Business
5811 42ND AVENUE NORTH
SAINT PETERSBURG FL 33713

Mailing Address
5811 42ND AVENUE NORTH
SAINT PETERSBURG FL 33713

2. Principal Place of Business
3675 42ND AVENUE
Suite, Apt. #, etc.

3. Mailing Address
3675 42ND AVENUE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
ST PETERSBURG, FLA
Zip
33714
Country
USA

City & State
ST PETERSBURG FLA
Zip
33714
Country
USA

4. FEI Number
43-1985834
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEFFRON, JEFFREY
5811 42ND AVENUE NORTH
SAINT PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name
JEFFREY HEFFRON
Street Address (P.O. Box Number is Not Acceptable)
3675 42ND AVENUE
City
ST PETERSBURG
FL
Zip Code
33714

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 **2-2-03**
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEFFRON, JEFFREY 5811 42ND AVENUE NORTH SAINT PETERSBURG FL 33713	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JEFFREY HEFFRON

Date **2-02-03** **Daytime Phone #** **727-645-2044**

CR2E034 (10/02)