

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-02-2003 90191 026 \*\*\*150.00

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**DOCUMENT # P02000128024**

1. Entity Name

**HEART OF GOLD AUCTION SERVICES, INC.**



Principal Place of Business

**4201 62ND AVENUE NORTH #17  
PINELLAS PARK FL 33781**

Mailing Address

**4201 62ND AVENUE NORTH #17  
PINELLAS PARK FL 33781**

2. Principal Place of Business

**425 51st Ave S.**

3. Mailing Address

**204 37th Ave N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**253**

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

Zip

**33705**

Country

**Pinellas**

Zip

**33704**

Country

**Pinellas**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**51-0838-885**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CUTLIFF, YATE K**

**501 1ST AVENUE NORTH 507**

**ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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)

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HANKINS, ROBIN D**  
CITY-ST-ZIP **4201 62ND AVENUE NORTH #17  
PINELLAS PARK FL 33781**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Robin D. Hankins**  
STREET ADDRESS **425 51st Ave S.**  
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robin Hankins**

**8-27-03 327-224-9807**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

80142923

PO2006128024

August 27, 2003

Florida Department of State: Division of Corporations,

I did not receive a notice of this filing and am unfamiliar with this process. I recently moved and did not receive a notice prior to this one.

As I am a new business I request that you waive the elevated price for filing this form at this time.

Thank you for understanding the mistakes of a novice.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robin Hankins".

Robin Hankins, President

Heart of Gold Auction Services  
425 51<sup>st</sup> Ave. S.  
St. Petersburg, FL 33705