

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90110 020 ***150.00

0656076 AT

DOCUMENT # P26360

1. Entity Name
HERITAGE MECHANICAL BREAKDOWN CORPORATION



Principal Place of Business
30851 AGOURA ROAD
AGOURA HILLS CA 91301
US

Mailing Address
7125 W JEFFERSON ROAD
SUITE 200
LAKEWOOD CO 80235
US



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 **95-4246217**

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

COPORATION SERVICE COMPANY
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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 \$150.00
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 **PD** ☐ Delete
NAME **SLAVIK, JAMES E**
STREET ADDRESS **7125 W JEFFERSON ROAD, STE 200**
CITY-ST-ZIP **LAKEWOOD CO 80235**

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

TITLE **T** ☒ Delete
NAME **LUSK, KIRK H**
STREET ADDRESS **7125 W JEFFERSON ROAD, STE 200**
CITY-ST-ZIP **LAKEWOOD CO 80235**

TITLE **T** ☒ Change ☐ Addition
NAME **Gary T. Prizzia**
STREET ADDRESS **6620 W. Broad Street**
CITY-ST-ZIP **Richmond, VA 23230**

TITLE **D** ☒ Delete
NAME **SCHILLING, TIMOTHY L**
STREET ADDRESS **30851 AGOURA RD**
CITY-ST-ZIP **AGOURA HILLS CA 91301**

TITLE **D** ☒ Change ☐ Addition
NAME **Jeffrey J. Adams**
STREET ADDRESS **7125 W. Jefferson Ave., Suite 200**
CITY-ST-ZIP **Lakewood, CO 80235**

TITLE **SD** ☐ Delete
NAME **BERMAN, JAY H**
STREET ADDRESS **500 VIRGINIA DR**
CITY-ST-ZIP **FORT WASHINGTON PA 19034**

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

TITLE **V** ☐ Delete
NAME **DAGLISH, BRENDA L**
STREET ADDRESS **6604 W BROAD ST**
CITY-ST-ZIP **RICHMOND VA 23230**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sr. VP** ☐ Change ☒ Addition
NAME **Richard P. McKenney**
STREET ADDRESS **6620 W. Broad Street**
CITY-ST-ZIP **Richmond, VA 23230**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

Daytime Phone #

CR2E034 (10/02)