## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Mar 04, 2000 8:00 am Secretary of State **DOCUMENT # P30734** 1. Entity Name 03-04-2000 90020 014 \*\*\*150.00 HEARD & ROWELL, INC. Mailing Address Principal Place of Business 415 SOUTH MAIN STREET **115 SOUTH MAIN STREET** MOULTRIE GA 31768-4635 MUULTRIE GA 31768 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For 58-1910568 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE.NOW!!! FEE: \$ \$150.00 9. This corporation is eligible to satisfy its Intangible ---10:"Election Campaign Financing \$5:00 May Be-After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE Change TITLE HEARD, FRANK S. NAME NAME STREET ADDRESS STREET ADDRESS 415 SOUTH MAIN STREET CITY-ST-ZIP CITY-ST-ZIP **MOULTRIE GA** ☐ Delete TITLE ☐ Addition STD ROWELL, THOMAS W. NAME NAME STREET ADDRESS STREET ADDRESS 415 SOUTH MAIN STREET CITY-ST-ZIP CITY-ST-7IP **MOULTRIE GA** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP > 2000 Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with advaddress, with all other like impowered. changed, or on an attachment with appaddress, with all o

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: