FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2001 8:00 am DOCUMENT # P92000002819 Secretary of State HERITAGE AFFORDABLE HOUSING, INC. 02-20-2001 90083 002 ***158.75 Principal Place of Business Mailing Address 55054 N ATLANTIC AVE 55054 N ATLANTIC AVE 115 COCOA BEACH FL 32931 COCOA BEACH FL 32931 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3148897 Not Applicable Zip Country Zin Country \$8.75 Additional XX 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ---7.-Name and Address of New Registered Agent MCPHILLIPS, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Michael McPhillips NAME MCPHILLIPS, MICHAEL NAME 5505 N. Atlantic Ave., #115 STREET ADDRESS 5505 N ATLANTIC AVE #115 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 Cocoa Beach, FL 32931 TITLE ☐ Delete TITLE D/V/T/S MCPHILLIPS, JACQUELINE NAME NAME Jacqueline McPhillips STREET ADDRESS STREET ADDRESS 5505 N ATLANTIC AVE #115 5505 N. Atlantic Ave., #115 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 Cocoa Beach, FL 32931 Change Addition □ Delete ~ TITLE D/C COLVARD, ALISON NAME NAME Neal Harding STREET ADDRESS STREET ADDRESS 25505 N ATLANTIC AVE #115 5505 N. Atlantic Ave., #115 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL:32931 Cocoa Beach, FL 32931 TITLE ☐ Delete ☐ Change TITLE X Addition D/V NAME NAME James Kincaid STREET ADDRESS STREET ADDRESS 5505 N. Atlantic Ave., #115 CITY-ST-ZIP CITY-ST-ZIP Cocoa Beach, FL 32931 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 it 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7,5/01

Daytime Phone #