

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91302 038 \*\*\*150.00

034571 - AV

**DOCUMENT # P92000015464**

1. Entity Name

J. HEINTZ ENTERPRISES, INC.



Principal Place of Business

7320 GRIFFIN ROAD  
STE 104  
DAVIE FL 33317  
US

Mailing Address

7320 GRIFFIN ROAD  
STE 104  
DAVIE FL 33317  
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

65-0378451

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

HEINTZ, JOHN  
7320 GRIFFIN ROAD, STE 104  
DAVIE FL 33317

7. Name and Address of New Registered Agent

Name

SHARI LOPEZ

Street Address (P.O. Box Number is Not Acceptable)

7320 Griffin Rd, #104

City

Davie

FL

Zip Code

33314

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

*Shari Lopez*  
Signature, typed or printed name of registered agent and, if applicable,

SHARI LOPEZ Vice President 4-25-03  
(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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEINTZ, JOHN	
STREET ADDRESS	7320 GRIFFIN ROAD, STE 104	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	Director President	<input type="checkbox"/> Delete
NAME	Robert Stull, Jr.	
STREET ADDRESS	7320 Griffin Rd, #104	
CITY-ST-ZIP	Davie, FL 33314	
TITLE	Director, Vice President	<input type="checkbox"/> Delete
NAME	SHARI LOPEZ	
STREET ADDRESS	7320 Griffin Rd, #104	
CITY-ST-ZIP	Davie, FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Shari Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARI LOPEZ

4-25-03

9545810889

Date

Daytime Phone #

CR2E034 (10/02)