

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90188 044 \*\*\*550.00

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**DOCUMENT # P93000043559**

1. Entity Name  
**HERITAGE GROUP PROPERTIES, INC.**



Principal Place of Business  
**636 US HWY ONE  
SUITE 103  
NORTH PALM BEACH FL 33408**

Mailing Address  
**636 US HWY ONE  
SUITE 103  
NORTH PALM BEACH FL 33408**



2. Principal Place of Business  
**636 US Hwy One**

3. Mailing Address  
**636 US Hwy One**

Suite, Apt. #, etc.  
**Suite 110**

Suite, Apt. #, etc.  
**Suite 110**

City & State  
**North Palm Beach FL**

City & State  
**North Palm Beach**

Zip  
**33408**

Country  
**US**

Zip  
**33408**

Country  
**US**

4. FEI Number  
**65-0432431**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, KENNETH C  
1208 MARINE WAY, #D-4  
NORTH PALM BEACH FL 33408**

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]**  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5/14/03**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
TAYLOR, KENNETH C  
1208 MARINE WAY, D-4  
NORTH PALM BEACH FL 33408**

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

TITLE  
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☐ Change ☐ Addition

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]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/14/03** **561-329-6320**  
Date Daytime Phone #

CR2E034 (10/02)