

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90367 019 \*\*\*150.00

**DOCUMENT # P93000082354**

**1. Entity Name**  
**HERON HOUSE INC.**



**Principal Place of Business**  
**2270 SOUTH MCCALL ROAD**  
**ENGLEWOOD FL 34224**  
**US**

**Mailing Address**  
**P.O. BOX 2**  
**BOCA GRANDE FL 33921**

**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** **65-0454730**

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**

**KIRKPATRICK, JOHN R**  
**16110 SUNSET PINES CIRCLE**  
**P O BOX 2**  
**BOCA GRANDE FL 33921**

Name **John R. Kirkpatrick**  
Street Address (P.O. Box Number is Not Acceptable) **2270 S. McCall Rd**  
City **Englewood** **FL** Zip Code **34224**

**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** *Dianne Kirkpatrick*

**DATE** **1.15.03**

Signature, typed or printed name of registered agent if title is 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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PST** ☐ Delete  
**NAME** **KIRKPATRICK, JOHN R**  
**STREET ADDRESS** **16110 SUNSET PINES CIRCLE PO BOX 2**  
**CITY-ST-ZIP** **BOCA GRANDE FL 33921**

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

**TITLE** **ST** ☐ Delete  
**NAME** **KIRKPATRICK, DIANNE**  
**STREET ADDRESS** **16110 SUNSET PINES CIRCLE PO BOX 2**  
**CITY-ST-ZIP** **BOCA GRANDE FL 33921**

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

**TITLE** ☐ Delete  
**NAME**  
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**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:**

*Dianne Kirkpatrick*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**1/15/03 941.474.7700**

CR2E034 (10/02)