2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000087012 DOCUMENT

1. Entity Name

HEOTZLER ENTERPRISE, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90033 033 ***150.00

Principal Place 3921 RIDGEWOO PORT ORANGE	DD AVE. FL 32129	Mailing Address 3921 RIDGEWOOD AVE. PORT ORANGE FL 32129 3. Mailing Address										
Principal Place of Business Suite, Apt. #, etc.		Suite, Apt. #, etc.										
						CHECK HERE IF MAKING CHANGES						
City & State		City & State				4. 1	4. FEI Number 59-3212835			pplied For ot Applicable	1	
Zip	Country	Zip Cou			try	5. (3.75 Additional e Required		
	6. Name and Address of Current I	Registere	Agent			7. 1	Name and Address of New Registe	red Age	ent		1	
··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··					Name							
HEOTZLER,					Street Address (P.O. Box Number is Not Acceptable)						1	
	:Wood ave. NGE FL 32129					444-4					1	
)	VOL 1 L OZ IZO				City			FL	Zip Coo	de	1	
the obligation	named entity submits this statement for ons of registered agent. Signature, typed or printed name of registered agent a				ed office or reg			am fam	illar with,	, and accept		
After Make Check	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of					-	9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution.		Adde	00 May Be d to Fees		
10.	OFFICERS AND (DIRECTOR		11.		AL	DITIONS/CHANGES TO OFFICERS		_		16	
NAME STREET ADDRESS	d) Heotzler, ralph 1921 Ridgewood ave. Port orange Fl 32119		☐ Delete					L] Change	☐ Addition	0/07/ /40/0	
TITLE NAME STREET ADDRESS) HEOTZLER, TAMMY 1921 RIDGEWOOD AVE. PORT ORANGE FL 32119		☐ Delete] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ı] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	this filing	Delete	CITY	E ET ADDRESS -ST-ZIP	in Section	119 07/3Vi) Florida Statutae furthe		Change	☐ Addition		

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.