

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012543

1. Entity Name

HERON ELECTRIC, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90120 003 ***150.00

Principal Place of Business

4708 W CONCORD ~~ST~~
ORLANDO FL 32808-8124
US

Mailing Address

4708 W CONCORD ~~ST~~ Ave
ORLANDO FL 32808-8124
US

2. Principal Place of Business

4708 W. Concord Ave
Suite, Apt. #, etc.

3. Mailing Address

4708 W. Concord Ave
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3227890

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HERON, DERRICK A
3516 CIRQUE CIRCLE
ORLANDO FL 32817

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HERON, DERRICK A	
STREET ADDRESS	3516 CIRQUE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HERON, GRAIG	
STREET ADDRESS	3516 CIRQUE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HERON, ROSEMARIE	
STREET ADDRESS	3516 CIRQUE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 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

2/28/2000

Date

407-296-2550

Daytime Phone #

CR2E034 (9/99)