


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90245 001 ***150.00
01-23-2003 90245 002 *****8.75

DOCUMENT # P94000051235

1. Entity Name
HERITAGE PARTNERS GROUP XII, INC.



Principal Place of Business
**5505 N ATLANTIC AVE
115
COCOA BEACH FL 32931**

Mailing Address
**5505 N ATLANTIC AVE
115
COCOA BEACH FL 32931**

2. Principal Place of Business
127 Lafayette Street

3. Mailing Address
127 Lafayette Street

Suite, Apt. #, etc.

City & State
Denver, CO

City & State
Denver, CO

Zip
80218

Country
USA

Zip
80218

Country
USA

4. FEI Number
59-3253369

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE
5505 N ATLANTIC AVE
#115
COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

Name
Curtis D. Hamlin


Street Address (P.O. Box Number is Not Acceptable)
1205 Manatee Avenue W

City
Bradenton

State
FL

Zip
34205

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  DATE **January 14, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPST MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCPHILLIPS, MICHAEL 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAVERY, MICHAEL 90 MADISON AVE DENVER CO 80206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KERR-HULL COLVARD, ALISON 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HARDING, NEAL 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KINCAID, JAMES 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Michael Lavery 127 Lafayette Street Denver, CO 80218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **1-16-2003** (303) 355-3400

Signature required for Officer or Director

CR2E034 (10/02)