

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90199 032 ***150.00

DOCUMENT # P94000054553

1. Entity Name
DM HEITMAN, INC.

Principal Place of Business
5346 SCATTERED OAKS CT.
JACKSONVILLE FL 32258

Mailing Address
5346 SCATTERED OAKS CT.
JACKSONVILLE FL 32258

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 **59-3291735**

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

WEIDNER, DONALD W
11265 ALUMNI WAY
JACKSONVILLE FL 32246

Name **WILLIAM R. HUSEMAN**
 Street Address (P.O. Box Number is Not Acceptable)
6320 ST. AUGUSTINE RD
BUILDING 12
 City **JACKSONVILLE** **FL** **32217**

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 *William R. Huseman* **WILLIAM R. HUSEMAN ATTORNEY** **4/29/02**
Signature typed or printed name of registered agent is not acceptable. (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPC** ☐ Delete
 NAME **HEITMAN, DAVID M**
 STREET ADDRESS **5346 SCATTERED OAKS CT.**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

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

TITLE **S** ☐ Delete
 NAME **IMOGENE R. HEITMAN**
 STREET ADDRESS **5346 SCATTERED OAKS CT**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *David M. Heitman* **DAVID M. HEITMAN** **4/28/02** **(904) 292-1842**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MODERATOR

CR2E034 (9/01)