2002 UNIFORM BUSINESS REPORT (UBR)

P94000055891

DOCUMENT #

1. Entity Name HERITAGE PARTNERS GROUP XIII, INC.											
Principal Place of Business 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931 US		Mailing Address 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931 US									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip	Country	Zip	Country								

Principal Pla										
chincipal Pla	ce of Business		Mailing Address		ļ					
5505 N ATLA	ANTIC AVE		5505 N ATLANTIC AVE							
#115			#115							
COCOA BEA	CH FL 32931		COCOA BEACH FL 32931			1 15511441		611)		B 18181 1161 (PRI
US			US							
2. Principal	Place of Business		3. Mailing Address				ILA EDETI DIRKE DRIJE I	Bill Bi lli Bill i:		
Suite, Apt	. #, etc.	•	Suite, Apt. #, etc.				DO NOT WR	TE IN THIS S	SPACE	
City & Sta	te		City & State			4. FEI Number	59-325335	 7		pplied For
Zip	Co	untry	Zip	Country		5. Certificate of		N	\$8.75 Ad	
	6. Name and	Address of Current F	Penistered Agent	1		7. Name and A	Idrace of Now E	•	•	ea
,	o. Hamo and s	tudicas of Carrent	iogisterea Agent	Nar	ne	7. Name and A	IGIESS OF NEW P	tegistered A	igent	
MCPHILL	IPS, JACQUELINI	<u> </u>								· .
	TLANTIC AVE	-		Stre	eet Address (F	P.O. Box Number i	s Not Acceptable	e)		
#115				<u> </u>				* 1		
	BEACH FL 32931									
COCOA	DEMOTT FE SESS!			City	′			FL	Zip Cod	de
SIGNATURE			the purpose of changing its				in the State of the	onda.		
	Signature, typed or printe	d name of registered agent as	nd title if applicable. (NOTE	: Registered Agent s	signature required v	when reinstating)		DATE		
9. This corpo	oration is eligible to	satisfy its Intangible	FILE NOW!	!! FEE IS \$1	50.00	40 Floor	0			
Tax filing	requirement and ele	ects to do so.	After May 1, 200)2 Fee will be	e \$550.00	Trust	on Campaign Fir Fund Contributio			00 May Be
Tax filing)2 Fee will be	e \$550.00	Trust	on Campaign Fir Fund Contributio			00 May Be d to Fees
Tax filing (See crite	requirement and ele ria on back)	ects to do so.	After May 1, 200 Make Check Payab)2 Fee will be	e \$550.00	Trust	Fund Contributio	n. 🗆	Adde	d to Fees
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Tax filing (See crite 11. TITLE NAME SIREET ADDRESS	DPST MCPHILLIPS, J. 5505 N ATLAN	OFFICERS AND E ACQUELINE FIC AVE #115	After May 1, 200 Make Check Payab	12. TITLE NAME STREET ADDRE	e \$550.00 ment of State	e Trust	Fund Contributio	n. 🗆	Adde	S IN 11
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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 pringr like empowered.

SIGNATURE:

(321)799-4090