## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 04, 2000 8:00 am Secretary of State DOCUMENT # **P94000057238** 1. Entity Name HEART OF OAK CONSTRUCTION, INC. 04-04-2000 90002 012 \*\*\*150.00 Principal Place of Business Mailing Address 703 FLORENCE ST. 703 FLORENCE ST. NOKOMIS FL 34275-2783 NOKOMIS FL 34275 COOPEUNI 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3271043 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODMANCY, EUGENE H Street Address (P.O. Box Number is Not Acceptable) 703 FLORENCE ST. **NOKOMIS FL 34275** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 DP ☐ Addition ☐ Change ☐ Delete TITLE TITLE WOODMANCY, EUGENE H NAME NAME 703 FLORENCE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOKOMIS FL 34275 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE - Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Delete TITLE Addition TITLE NAME STREET ADDRESS 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.