

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90011 047 ***150.00

DOCUMENT # P95000003552

1. Entity Name

HERITAGE PROMOTIONS, INC.

Principal Place of Business

**1428 KING ST
 SAINT AUGUSTINE FL 32084
 US**

Mailing Address

**1428 KING ST
 SAINT AUGUSTINE FL 32084
 US**

2. Principal Place of Business

3. Mailing Address

3760 N Ponce de Leon Blvd. 3760 N. Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

Zip

32084

Country

4. FEI Number

59-3289469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COWAN FINANCIAL
 C/O ROSE PO BOX 387
 136 MALAGA ST
 ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name **The Kaelin Group, Inc.**
 Street Address (P.O. Box Number, Not Applicable) **ATTN: Jeffrey Strait**
1797 Old Moultrie Rd Ste 102
 City **St. Augustine** **FL** Zip Code **32084**

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **MCALPIN, PATRICIA G**
 CITY-ST-ZIP **142 B KING ST
 ST. AUGUSTINE FL 32084**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

01-30-02

Date

9048279747

Daytime Phone #

CR2E034 (9/01)