

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90084 039 \*\*\*150.00

**DOCUMENT # P95000025343**

1. Entity Name  
**HEAVEN AND ME, INC.**

Principal Place of Business <b>2000 TAMiami TRAIL          SUITE 218          PORT CHARLOTTE FL 33948</b>	Mailing Address <b>2000 TAMiami TRAIL          SUITE 218          PORT CHARLOTTE FL 33948</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>PO Box 380143</b>	3. Mailing Address <b>PO Box 380143</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Murdoch, FL</b>	City & State <b>Murdoch, FL</b>
Zip <b>33938</b>	Country <b>Charlotte</b>

4. FEI Number <b>65-0570895</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEE, DAWNMARIE  
 2000 TAMiami TRAIL STE 218  
 PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name **DAWN MARIE LEE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**415 DENVER DR.**  
 City **PORT CHARLOTTE** **FL** Zip Code **33954**

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 \_\_\_\_\_ (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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEE, DAWNMARIE 2403 SUNNINGLOW ST PORT CHARLOTTE FL 33948</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST LEE, ROBERT J 2000 TAMiami TRAIL, #218 PORT CHARLOTTE FL 33948</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO Box 380143 Murdoch, FL 33938</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO Box 380143 Murdoch FL 33938</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert J. Lee VST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)