

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # **P95000083086**

1. Entity Name

**Heath & Associates Realty, Inc.**

02 JUN 20 **PM 12:49**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1282 Timberlane Rd**

3. Mailing Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

Zip

Country

Zip

Country

**32312**

**LEON**

4. FEI Number

**59-3340791**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Ramona Heath**

Street Address (P.O. Box Number is Not Acceptable)  
**1282 Timberlane Rd, Suite L**

City **Tallahassee**

**FL**

Zip Code **32312**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 **President**  
NAME **Ramona Heath**  
STREET ADDRESS **1282 Timberlane Rd, Ste. L**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**200006067392--6**  
**-06/27/02--01056--004**

**\*\*\*150.00 \*\*\*150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

**Ramona Heath**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/20/02 (850)668-4949**

Date

Daytime Phone #

CR2E034B (12/01)

June 20, 2002

To whom It May Concern:

I did not receive the 2002 Uniform Business Report.

Please accept my payment of \$150<sup>00</sup>.

Thank You,

Damona Heath  
Heath & Assoc. Realty, Inc.