

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90047 035 ***150.00

DOCUMENT # P96000002187

1. Entity Name
SHERROD - HEIST INVESTMENT PROPERTIES, INC.

| | |
|--|--|
| Principal Place of Business 1661 ESTERO BLVD STE 21 FORT MYERS BEACH FL 33931 | Mailing Address 1661 ESTERO BLVD STE 21 FORT MYERS BEACH FL 33931 |
|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | |
|---------------|-----------------------|----------------|
| 4. FEI Number | NOT APPLICABLE | Applied For |
| | | Not Applicable |

| | | | | | | |
|-----|---------|-----|---------|----------------------------------|--------------------------|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|----------------------------------|--------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISSE, DAVID R
 1661 ESTERO BLVD STE 20
 FORT MYERS BEACH FL 33932**

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State FL 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)

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHERROD, CHRISTINA E 1661 ESTERO BLVD STE 20 FORT MYERS BEACH FL 33931 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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: *Christina E Sherrod*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christina E Sherrod

2-12-01 *941-463-0575*
 Date Daytime Phone #

CR2E034 (10/00)