


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91774 028 \*\*\*150.00

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<b>DOCUMENT #</b> P96000023970	
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1. Entity Name  
**WILLIAM R. HEITZ, P.A.**

Principal Place of Business <b>1387 SOUTHWEST 18TH STREET BOCA RATON FL 33433</b>	Mailing Address <b>1387 SOUTHWEST 18TH STREET BOCA RATON FL 33433</b>
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2. Principal Place of Business <b>1401 FORUM WAY</b>	3. Mailing Address <b>53 BARCHAN DUNE RISE</b>
Suite, Apt. #, etc. <b>SU 201</b>	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State <b>WEST PALM BEACH, FL</b>	City & State <b>VICTOR, NY</b>	4. FEI Number <b>65-0666991</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33401</b>	Country <b>USA</b>	Zip <b>14564</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>HEITZ, WILLIAM R ESQ. 1387 SOUTHWEST 18TH STREET BOCA RATON FL 33433</b>	7. Name and Address of New Registered Agent Name <b>William R. Heitz, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1401 FORUM WAY</b> <b>SU 201</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33401</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William R. Heitz* DATE 4/30/03  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST HEITZ, WILLIAM R 1387 SOUTHWEST 18TH STREET BOCA RATON FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1401 FORUM WAY, SU201 WEST PALM BEACH, FL 33401</b> <input checked="" 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William R. Heitz* **REQUIRED** DATE 4/30/03 DAYTIME PHONE # 561-274-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)