

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037446

1. Entity Name

HERITAGE SHUTTER COMPANY, INC.

Principal Place of Business

4100 N POWERLINE ROAD
SUITE E-1
POMPANO BEACH FL 33073

Mailing Address

4100 N POWERLINE ROAD
SUITE E-1
POMPANO BEACH FL 33073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GELLER, PRESTON J
1960 SW 51 TERR
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name **Herbert H. Rolnick, Esquire**

Street Address (P.O. Box Number is Not Acceptable)

6800 W. Commercial Blvd., Suite 5

City

Ft. Lauderdale

FL

Zip Code
33319

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

4/4/01

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, 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 ☒ ~~DELETE~~
NAME **GELLER, PRESTON J**
STREET ADDRESS **4100 N POWERLINE ROAD STE E-1**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE ☐ ~~DELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ~~DELETE~~
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TITLE ☐ ~~DELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ ~~CHANGE~~ ☐ ~~ADDITION~~
NAME **President**
STREET ADDRESS **Stacey Geller**
CITY-ST-ZIP **4100 N. Powerline Rd. Suite E-1**
Pompano Beach, Fl. 33073

TITLE ☐ ~~CHANGE~~ ☐ ~~ADDITION~~
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

Stacey Geller Pres.

4/4/01 954-481-9100

Date

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90063 031 ***150.00

B0026270



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0667986**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (10/00)

0139182