

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054789

1. Entity Name
HEART SCAN FOR ATHLETES, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90092 045 ***550.00

Principal Place of Business

13535 FEATHER SOUND DR
#400
CLEARWATER FL 33762
US

Mailing Address

13535 FEATHER SOUND DR
#400
CLEARWATER FL 33762
US

2. Principal Place of Business

2245 Donato Drive

Suite, Apt. #, etc.

Belleair Beach

City & State

FL 33786

Zip

33786

Country

US

3. Mailing Address

same 2245 DONATO DR.

Suite, Apt. #, etc.

City & State

Belleair Beach, FL

Zip

33786

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3390666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, MARY J
118 15TH STREET
BELLEAIR BEACH FL 34634

7. Name and Address of New Registered Agent

Name

NIECE JOCHIMS

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

2245 DONATO DRIVE

City

Belleair Beach

FL

Zip Code

33786

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

Niece Jochims
Signature, typed or printed name of registered agent and title if applicable.

Niece Jochims, Pres.

DATE

8/31/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☒ Delete
NAME ~~HENDERSON, MARY J~~
STREET ADDRESS ~~118 15TH STREET~~
CITY-ST-ZIP ~~BELLEAIR BEACH FL 34634~~

TITLE ☐ Delete
NAME ~~President LEO~~
STREET ADDRESS ~~Niece Jochims~~
CITY-ST-ZIP ~~2245 Donato Dr~~
~~Belleair Beach, FL 33786~~

TITLE ☐ Delete
NAME ~~Vice President~~
STREET ADDRESS ~~Ceryl Gentry~~
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME ~~D P~~
STREET ADDRESS ~~JOCHIMS, NIECE.~~
CITY-ST-ZIP ~~2245 DONATO DRIVE~~
~~Belleair Beach, FL 33786~~

TITLE ☐ Change ☒ Addition
NAME ~~D VP~~
STREET ADDRESS ~~GENTRY, CHERYL~~
CITY-ST-ZIP ~~10631 111th TERR. N.~~
~~LARGO, FL 33773~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Niece Jochims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Niece Jochims
PRES.

DATE

8/31/00

727-319-8302

Daytime Phone #

CR2E034 (5/00)