

FILED
Aug 16, 2001 8:00 am
Secretary of State

04-30-2001 90448 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000065936**

1. Entity Name
HEART-START, INC.

Principal Place of Business
1188 CACTUS CUT ROAD
MIDDLEBURG FL 32068
350 CORPORATE WAY
SUITE 400
ORANGE PARK, FL 32073

Mailing Address
1188 CACTUS CUT ROAD
MIDDLEBURG FL 32068
350 CORPORATE WAY
SUITE 400
ORANGE PARK, FL 32073

11423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FE Number 59-3399346	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BELL, LINDA R 1188 CACTUS CUT ROAD MIDDLEBURG FL 32068		JAMES M. HUTCHINSON 350 Corporate Way Suite 400 Orange Park, FL 32073	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 **James M. Hutchinson, II**
 Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

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	D	TITLE	☐ Change ☐ Addition
NAME	BELL, LINDA R	NAME	
STREET ADDRESS	1188 CACTUS CUT ROAD	STREET ADDRESS	
CITY-STATE-ZIP	MIDDLEBURG FL 32068	CITY-STATE-ZIP	
TITLE	PSTD	TITLE	☐ Change ☐ Addition
NAME	HUTCHINSON, James M II	NAME	
STREET ADDRESS	350 Corporate Way Suite 400	STREET ADDRESS	
CITY-STATE-ZIP	ORANGE PARK, FL 32073	CITY-STATE-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	HUTCHINSON, Candy A.	NAME	
STREET ADDRESS	350 Corporate Way Suite 400	STREET ADDRESS	
CITY-STATE-ZIP	ORANGE PARK, FL 32073	CITY-STATE-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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. 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