

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90230 008 ***150.00

DOCUMENT # **P9600088933**

1. Entity Name

Southern HEAT TREATING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

253 JACARANDA DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 16595

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-0701091

Applied For

Not Applicable

Zip

33324

Country

U.S.

Zip

33308

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

STEVE HENGELT

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

253 JACARANDA DR

City

PLANTATION

State

FL

Zip Code

33324

8. This above named entity warrants this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Steve Hengelt

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

(NOTE: Registered Agent signature required when reappointing)

DATE

6/21/02

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-STATE-ZIP

PRES. DENISE HENGELT

253 JACARANDA DR

PLANTATION FL 33324

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

V.P. STEVE HENGELT

253 JACARANDA DR

PLANTATION FL 33324

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

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)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Hengelt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/02 V.P. & H.M.

Date

Daytime Phone #

CR2E034B (12/01)