FROM : HERITAGE BUILDERS TAMPA BAY, I FAX NO. : 8139948343

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91178 007 ***155.00

DOCUMENT # P97000008181

1. Entity Name

HERITAGE BUILDERS OF TAMPA BAY, INC.

Principal Place of Business: 3959, VAN DYKE RD #199 LUTZ, FL. 33549

Mailing Address

A0071545

2. Principal Place of Business		3. Mailing Address	
3959 VAN DYKE RD		SAME	
Suite, Apt. #, etc. #199		Suite, Apt. #, etc.	
City & State LUTZ FL		City & State	
Zip 33549	Country HILLSBOROUGH	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3425339 — Applied For / ☒ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL E. RIDDLESWORTH
3608 CRENSHAW LAKE RD
LUTZ, FL. 33549

7. Name and Address of New Registered Agent

Name

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

City FL 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 ______ 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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MICHAEL E. RIDDLESWORTH 3608, CRENSHAW LAKE RD, LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ROBERT L. MCLAUGHLIN 8402, SHENANDOAH RUN WESLEY CHAPEL, FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: M.E. Riddlesworth M.E. RIDDLESWORTH 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #