

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047862

1. Entity Name

HEFFRIN CONSULTING, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90044 028 \*\*\*150.00

Principal Place of Business

Mailing Address

14470 S.W. 85TH COURT  
OCALA FL 34481

1845 FAIRLAWN CT.  
ROCKHILL SC 29732-1900

2. Principal Place of Business

3. Mailing Address

14041 Stringfellow Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bookelia Florida

City & State

4. FEI Number

59-3456601

Applied For

Not Applicable

Zip

Country

Zip

Country

33922

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEFFRIN, VERLA L  
14470 S.W. 85TH COURT  
OCALA FL 34481

Name

Deborah L. Goodwin

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

14041 Stringfellow Rd.

Bookelia

City

FL

Zip Code

33922

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

Deborah Goodwin

Deborah Goodwin

April 14, 2000

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D HEFFRIN, VERLA L 1845 FAIRLAWN CT. ROCKHILL SC 29732	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Verla L. Heffrin (VERLA L. HEFFRIN)

4-14-00 (803) 980-0098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)