

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90007 007 ***158.75

DOCUMENT # P97000076184

1. Entity Name

HERITAGE PARTNERS GROUP XXX, INC.

Principal Place of Business

5505 N ATLANTIC AVE
 115
 COCOA BEACH FL 32931

Mailing Address

5505 N ATLANTIC AVE
 115
 COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

89-3469547

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE
 5505 N ATLANTIC AVE
 115
 COCOA BEACH FL 32931

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME ☐ Delete
 DPST
 MCPHILLIPS, JACQUELINE
 STREET ADDRESS 5505 N ATLANTIC AVE #115
 CITY-ST-ZIP COCOA BEACH FL 32931

TITLE NAME ☐ Delete
 DV
 MCPHILLIPS, MICHAEL
 STREET ADDRESS 5505 N ATLANTIC AVE #115
 CITY-ST-ZIP COCOA BEACH FL 32931

TITLE NAME ☐ Delete
 V
 KERR-HULL COLVARD, ALISON
 STREET ADDRESS 5505 N ATLANTIC AVE #115
 CITY-ST-ZIP COCOA BEACH FL 32931

TITLE NAME ☐ Delete
 DC
 HARDING, NEAL
 STREET ADDRESS 5505 N ATLANTIC AVENUE # 115
 CITY-ST-ZIP COCOA BEACH FL 32931

TITLE NAME ☐ Delete
 DV
 KINCAID, JAMES
 STREET ADDRESS 5505 N ATLANTIC AVENUE # 115
 CITY-ST-ZIP COCOA BEACH FL 32931

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (321) 799-4090
 Date Daytime Phone #

CR2E034 (9/01)