

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90043 031 ***150.00

DOCUMENT # P97000078272

1. Entity Name
FREDERICK C. HEIDGERD, P.A.

Principal Place of Business

**37 SE 5TH ST
 STE 100
 BOCA RATON FL 33432
 US**

Mailing Address

**37 SE 5TH ST
 STE 100
 BOCA RATON FL 33432
 US**

2. Principal Place of Business

600 W. Hillsboro Blvd.

Suite, Apt. #, etc.
520

City & State
Deerfield Beach, FL

Zip
33441

Country
US

3. Mailing Address

600 W. Hillsboro Blvd.

Suite, Apt. #, etc.
520

City & State
Deerfield Beach, FL

Zip
33441

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0779784

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HEIDGERD, FREDERICK C
 37 SE 5TH ST
 STE 100
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name
Frederick C. Heidgerd
 Street Address (P.O. Box Number is Not Acceptable)
600 W. Hillsboro Blvd.
Suite 520
Deerfield Beach FL 33441

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/02

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	DP	<input type="checkbox"/> Delete
NAME	HEIDGERD, FREDERICK C	
STREET ADDRESS	37 S.E. 5TH STREET, STE. 100	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederick C. Heidgerd	
STREET ADDRESS	600 W. Hillsboro Blvd., Suite 520	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02 **(954) 424-8115**
 Date Daytime Phone #

CR2E034 (9/01)