

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026359

1. Entity Name

HERON NETWORK SERVICES, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90064 043 ***158.75

Principal Place of Business

1200 WEST STATE ROAD 434, SUITE 202
LONGWOOD FL 32750
US

Mailing Address

← 409 MONTGOMERY RD
STE 1335
ALTAMONTE SPRINGS FL 32714-6827
US

SAME

040401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1200 W. STATE ROAD 434

Suite, Apt. #, etc.

SUITE 202

City & State

LONGWOOD, FL

Zip

32750

Country

SEMIWOLE

4. FEI Number

59-3500463

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOVER, PAUL
409 MONTGOMERY RD
#135
ALTAMONTE SPRINGS, FL 32714

Name

DOVER, PAUL

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

1200 W. STATE ROAD 434

SUITE 202

City

LONGWOOD

FL

Zip Code

32750

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)

2/28/00

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 GILL, GREG 409 MONTGOMERY RD #135 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOVER, PAUL 409 MONTGOMERY RD #135 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, MARK 409 MONTGOMERY RD #135 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, GREG 1200 W. STATE RD 434, SUITE 202 LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOVER, PAUL 1200 W. STATE RD 434, SUITE 202 LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, LINCOLN 1200 W. STATE RD 434, SUITE 202 LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

(407) 678-7500

Daytime Phone #

CR2E034 (9/99)