

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90300 040 ***150.00

DOCUMENT # P98000031792

1. Entity Name
HEARTLAND CONSTRUCTION, INC.

Principal Place of Business 5425 S.W. 83RD TERRACE GAINESVILLE FL 32608	Mailing Address 5425 S.W. 83RD TERRACE GAINESVILLE FL 32608
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5536 SW 93rd Way	3. Mailing Address 5536 SW 93rd Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville, FL	City & State Gainesville, FL	4. FEI Number 59-3402483	Applied For <input type="checkbox"/> Not Applicable
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Zip 32608	Country USA	Zip 32608	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOST, GARY 5425 S.W. 83RD TERRACE GAINESVILLE FL 32608	7. Name and Address of New Registered Agent Name 5536 SW 93rd Way Street Address (P.O. Box Number is Not Acceptable) City Gainesville FL Zip Code 32608
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TOST, GARY 5425 S.W. 83RD TERRACE GAINESVILLE FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5536 SW 93rd Way Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOST, GARY 5425 S.W. 83RD TERRACE GAINESVILLE FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5536 SW 93rd Way Gainesville, FL 32608
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
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
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
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 19.07(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: _____ DATE: **2/26/01** DAYTIME PHONE #: **352-339-4557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNL0009

CR2E034 (10/00)