

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90212 014 ***150.00

DOCUMENT # P98000033329

1. Entity Name
HEILER PROPERTIES, INC



Principal Place of Business
7602-4 CONGRESS STREET
NEW PORT RICHEY FL 34653

Mailing Address
7602-4 CONGRESS STREET
NEW PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3511171**

Applied For
Not Applicable

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

HEILER, ALFRED D
7602 - 4 CONGRESS ST
NEW PORT RICHEY FL 34653

Name **SCOTT - HEILER**

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

5449 MANATEE POINT DR

City **NEW PORT RICHEY**

FL

Zip Code **34652**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE **PD** ☒ **Delete**
NAME **HEILER, ALFRED D**
STREET ADDRESS **7602 - 4 CONGRESS ST**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ **Delete**
NAME **HEILER, SCOTT**
STREET ADDRESS **5449 MANATEE PT DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRES / TREAS / DIR ☒ **Change** ☐ **Addition**
SCOTT HEILER
5449 MANATEE POINT DR
NEW PORT RICHEY, FL 34652

TITLE **DIR** ☐ **Delete**
NAME **HEILER, JEFFREY**
STREET ADDRESS **6901-12 IAN CT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP / DIR ☒ **Change** ☐ **Addition**
JEFFREY HEILER
6901-12 IAN CT
NEW PORT RICHEY, FL 34653

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, and all other title empowered.

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

Date

Daytime Phone #

1/9/03 727-842-6255

CR2E034 (10/02)