## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2000 8:00 am Secretary of State DOCUMENT # **P98000043278** HEIT'S SMALL BUSINESS SOLUTIONS INC. 04-10-2000 90018 037 \*\*\*158.75 Mailing Address Principal Place of Business 1905 PALM DRIVE 1905 PALM DRIVE **CLEARWATER FL 33763-2221** CLEARWATER FL 34623 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State -59-3511598 Not Applicable Country Zip Country \$8.75 Additional Y 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEIT, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 1905 PALM DRIVE **CLEARWATER FL 34623** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MÁY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE Delete TITLE NAME NAME HEIT, STEVEN R STREET ADDRESS STREET ADDRESS 1905 PALM DR CITY-ST-ZIP **CLEARWATER FL 33763** CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME HEIT, MARCELLA NAME STREET ADDRESS STREET ADDRESS 1905 PALM DR CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33763** Addition OPERATIONS Delete TITLE Change TITLE NAME NAME RYAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ De ete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR