

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045752

1. Entity Name

HERITAGE VINYL SIDING OF BREVARD, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90092 050 ***150.00

Principal Place of Business

Mailing Address

3200 DIXIE HWY N. E.
SUITE # 5
PALM BAY FL 32905

3200 DIXIE HWY N.E.
SUITE # 5
PALM BAY FL 32905-2549



2. Principal Place of Business

3. Mailing Address

-Suite, Apt., etc.-

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3516283

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROWN, MARY J
6180 BABCOCK ST SE, UNIT G-1
MELBOURNE FL 32909

Name

BROWN MARY

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

3200 DIXIE HWY

City

Palm Bay

FL

Zip Code

32905

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

Mary Brown

4-10-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	BROWN, MARY J	
STREET ADDRESS	3200 DIXIE HWY N.E. SUITE # 5	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

Mary Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

321-7620305

Daytime Phone #

CR2E034 (9/99)