

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90360 008 ***150.00

DOCUMENT # P98000056083

1. Entity Name
HEATH LANDSCAPE COMPANY, INC.



Principal Place of Business
**11185 S. EAST AVE.
HOBE SOUND FL 33455**

Mailing Address
**1841 LEAFY RD
PORT SAINT LUCIE FL 34953
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0884081**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEATH, ANTHONY
4362 S.E. DUNCAN STREET
HOBE SOUND FL 33455**

Name **HEISHMAN, ERIC**
Street Address (P.O. Box Number is Not Acceptable)
1841 SW LEAFY RD
City **PORT ST. LUCIE** FL **34953**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

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

TITLE **P** ☒ Delete
NAME **HEATH, ANTHONY**
STREET ADDRESS **9362 S.E. DUNCAN**
CITY-ST-ZIP **HOBE SOUND FL 33455**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **HEATH, JONATHAN**
STREET ADDRESS **8776 S.E. ALABAMA PL.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HEISHMAN, ERIC**
STREET ADDRESS **1841 SW LEAFY RD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

☒ Change ☐ Addition
TITLE **PRESIDENT**
NAME **HEISHMAN, ERIC**
STREET ADDRESS **1841 SW LEAFY RD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

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

4-29-03

Date

772-263-1198

Daytime Phone #

CR2E034 (10/02)