

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059733

1. Entity Name

HERITAGE PROPERTY SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90393 008 ***150.00

Principal Place of Business

1200 PERIWINKLE WAY, SUITE TWO
SANIBEL FL 33957

Mailing Address

1200 PERIWINKLE WAY, SUITE TWO
SANIBEL FL 33957-4704

2. Principal Place of Business

3999 SOUTHPOIN BLVD

3. Mailing Address

3675 LIBERTY SQUARE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT MYERS

City & State
FT MYERS FL

Zip
33919

Country
USA

Zip
33908

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0847836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STILPHEN, PETER A
1200 PERIWINKLE WAY, SUITE TWO
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name PETER A STILPHEN

Street Address (P.O. Box Number is Not Acceptable)
3675 LIBERTY SQUARE

City FT MYERS FL Zip Code 33908

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

Peter A Stilphen

PETER A STILPHEN

4/18/00

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

TITLE PSTD
NAME STILPHEN, PETER
STREET ADDRESS 1200 PERIWINKLE WAY STE 2
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME STILPHEN, PETER
STREET ADDRESS 3675 LIBERTY SQUARE
CITY-ST-ZIP FT MYERS, FL 33908 ☒ Change ☐ Addition

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

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

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

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

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

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:

Peter A Stilphen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER A. STILPHEN 4/18/00

Date

Daytime Phone #

941 4545831

CR2E034 (9/99)