

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081750

1. Entity Name
SAMUEL L. HERON, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90004 035 ***150.00

Principal Place of Business
7655 SE SUGARSANDS CIRCLE
HOBE SOUND FL 33455

Mailing Address
7655 SE SUGARSANDS CIRCLE
HOBE SOUND FL 33455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0864234**

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

BASS, DONALD L
7166 SE OSPREY ST
HOBE SOUND FL 33455

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERON, SAMUEL L 7655 SE SUGARSANDS CIRCLE HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SAMUEL L. HERON **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-2000
Date Daytime Phone #

CR2E034 (5/00)

July 10, 2000

Dear Sirs,

I am asking for your understanding and ask you please to accept this check in the amount of \$150.00

I have tried to comply with everything asked of me concerning my corporation status to this point.

This second notice came as a surprise because we did not receive the initial notice for the \$150.00 payment

We ask you to understand and please forgive this debt. Please accept the check we are sending.

Respectfully submitted,

Please respond as soon as possible!