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FILED
Jun 19, 2001 8:00 am
Secretary of State
05-22-2001 90637 032 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095443

1. Entity Name

HEART & SOUL, INC.

Principal Place of Business	Mailing Address
PO BOX 940721 MAITLAND, FL 32794	PO BOX 940721 MAITLAND, FL 32794

2. Principal Place of Business	3. Mailing Address
PO BOX 940721	PO BOX 940721
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MAITLAND, FL	City & State: MAITLAND FL
Zip: 32794 Country: USA	Zip: 32794 Country: USA

4. FEI Number: 59-3543350 ☐ Applied For ☐ Not Applicable

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
PEGGY STEWART 3732 BRANDY ST. ORL, FL 32812	Name: MITCHELL GORDON Street Address (P.O. Box Number is Not Acceptable): ~~PO BOX 940721~~ 2289 SORRENTO CIRCLE WINTER PARK, FL 32792 City: ~~MAITLAND~~ FL Zip Code: ~~32794~~

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 [signature] MITCHELL GORDON - PRESIDENT 5-15-01

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MITCHELL GORDON PO BOX 940721 MAITLAND, FL 32794 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PEGGY STEWART 3732 BRANDY ST. ORL, FL 32812 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] MITCHELL GORDON - PRESIDENT 5-15-01 407-6574824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #