FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am & Secretary of State P99000026641 DOCUMENT # 1. Entity Name -04-22-2002 90309 044 \*\*\*150 00 MIKE HEATH & SONS, INC. Principal Place of Business Mailing Address 7710 41ST AVE. E. 7710 41 ST AVE. E. **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0906367 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEATH, MICHAEL L SR Street Address (P.O. Box Number is Not Acceptable) 7710 41ST AVE. E. **BRADENTON FL 34202** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME --HEALTH, MICHAEL L SR. STREET ADDRESS STREET ADDRESS 7710 41ST AVE. E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME HEATH, JOSHUA STREET ADDRESS STREET ADDRESS 7710 41ST AVE. E. CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34202** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HEATH, MICHAEL L STREET ADDRESS STREET ADDRESS 7710 41 AVE E CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 within address, with all quier like empowered.

SIGNATURE:

Daytime Phone #