

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035810

1. Entity Name

HERITAGE WHOLESALE, INC.

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

05-19-2000 90031 020 ***150.00

Principal Place of Business

Mailing Address

998 JOSIANE CT. SUITE 1049
ALTAMONTE SPRINGS FL 32701

998 JOSIANE CT. SUITE 1049
ALTAMONTE SPRINGS FL 32701-3664

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3583011

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

~~ALPER, JONATHAN~~
~~274 KIPLING CT~~
~~HEATHROW FL 32746~~

Name

Jeffrey Urey

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

405 WILDFAX 604 ANNUNA RD

City

Winter Springs

FL

Zip Code
32708

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME D
STREET ADDRESS KELLEY, KYLE
CITY-ST-ZIP 118 W ORANGE ST, SUITE 200
ALTAMONTE SPRINGS FL 32714

TITLE ☒ Change ☐ Addition
NAME Jeffrey Urey
STREET ADDRESS President
CITY-ST-ZIP 405 WILDFAX
CASSELBERRY FL 32707

TITLE ☒ Delete
NAME D
STREET ADDRESS ALPER, JONATHAN B
CITY-ST-ZIP 274 KIPLING CT
HEATHROW FL 32746

TITLE ☒ Change ☐ Addition
NAME VICE PRESIDENT SEC/TREAS
STREET ADDRESS Jeffrey Thomas Urey
CITY-ST-ZIP 604 ANNUNA RD
WINTER SPRING FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

407 F31 2329

Daytime Phone #

CR2E034 (9/99)