

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90717 033 ***150.00

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DOCUMENT # P99000045642

1. Entity Name
HEARTLAND FORECLOSURES, INC.



Principal Place of Business
**333 GATES AVENUE
LAKE HAMILTON FL 33851**

Mailing Address
**% NEAL L. O'TOOLE PA
PO BOX 50
BARTOW FL 33831**



2. Principal Place of Business

310 E Main St.

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Bartow FL

City & State

4. FEI Number **59-3655528**

Applied For

Not Applicable

Zip

33830

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MURPHY, FREDERICK J JR.
245 SOUTH CENTRAL AVENUE
BARTOW FL 33830**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☒ Delete
NAME **BLACK, ALICE H**
STREET ADDRESS **333 GATES AVENUE**
CITY-ST-ZIP **LAKE HAMILTON FL 33851**

TITLE **D** ☒ Delete
NAME **BLACK, ALICE H**
STREET ADDRESS **333 GATES AVENUE**
CITY-ST-ZIP **LAKE HAMILTON FL 33851**

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVSTD** ☐ Change ☒ Addition
NAME **Neal L. O'Toole**
STREET ADDRESS **310 E. Main St.**
CITY-ST-ZIP **Bartow FL 33830**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President
Neal L. O'Toole**

Date

Daytime Phone #

863-533-5525

CR2E034 (10/02)