

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048589

1. Entity Name
One Heart Magazine, Inc.

Principal Place of Business

Mailing Address

**517 SW N. Carolina Drive
Stuart, Florida 34994**

**P.O. Box 2776
Stuart, Florida
34994**

2. Principal Place of Business

31 SE Beechtree Lane

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

4. FEI Number

65-0924073

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**Daniel J. Whittles
517 SW N. Caroline Drive
Stuart, Florida 34994**

7. Name and Address of New Registered Agent

Name

Daniel J. Whittles

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

31 SE Beechtree Lane

City

Stuart

FL

Zip Code
34994

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.)

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

TITLE **Director, President** ☐ Delete
NAME **Daniel J. Whittles**
STREET ADDRESS **517 SW N. Carolina Drive**
CITY-ST-ZIP **Stuart, Florida 34994**

TITLE **Director, Vice Pres** ☐ Delete
NAME **Elizabeth A. Whittles**
STREET ADDRESS **517 SW N. Caroline Drive**
CITY-ST-ZIP **Stuart, Florida 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director, President** ☒ Change ☐ Addition
NAME **Daniel J. Whittles**
STREET ADDRESS **31 SE Beechtree Lane**
CITY-ST-ZIP **Stuart, Florida 34994**

TITLE **Director, Vice Pres** ☒ Change ☐ Addition
NAME **Elizabeth A. Whittles**
STREET ADDRESS **31 SE Beechtree Lane**
CITY-ST-ZIP **Stuart, Florida 34994**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90322 019 ***150.00

553478

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)