

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000057022**

1. Entity Name

**HEANEY AUTO BODY, INC.****FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90094 019 \*\*\*150.00

C0009832



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

957 SUNSHINE LANE  
ALTAMONTE SPRINGS FL 32714957 SUNSHINE LANE  
ALTAMONTE SPRINGS FL 32714-3804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3590514

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****HEANEY, WILLIAM M**  
**957 SUNSHINE LANE**  
**ALTAMONTE SPRINGS FL 32714**

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.

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, 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 **HEANEY, WILLIAM M**  
CITY-ST-ZIP **5437 HANSEL AVENUE APT J-9**  
**ORLANDO FL 32809**TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **HEANEY WILLIAM M**  
CITY-ST-ZIP **661 JAMESTOWN BLVD. #2087**  
**ALTAMONTE SPRINGS FL 32714**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HEANEY, PATRICIA R**  
CITY-ST-ZIP **5437 HANSEL AVENUE APT J-9**  
**ORLANDO FL 32809**TITLE ☒ Change ☐ Addition  
NAME **V.P.**  
STREET ADDRESS **HEANEY PATRICIA R.**  
CITY-ST-ZIP **661 JAMESTOWN BLVD. #2087**  
**ALTAMONTE SPRINGS FL 32714**TITLE ☐ Delete  
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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:

*P. Heaney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**P. HEANEY**

Date

**18th January 2000.**  
**407 862 3053**

CR2E034 (9/99)