FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91774 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080110

1. Entity Name
HERITAGE FUNDING AND DEVELOPMENT, INC.

11040977

Principal Place of Business	Mailing Address
4535 SOUTHERN BLVD WEST PALM BEACH, FL 33415	4535 SOUTHERN BLVD WEST PALM BEACH, FL 33415

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	PO Box 205
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Loxahatchee, FL
Zip / Country	Zip: 33470 / Country: Palm Beach

4. FEI Number 65-0977370 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KOELLE, WILLIAM F
5679 SOUTHERN BOULEVARD
WEST PALM BEACH, FL 33413

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 Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOELLE, WILLIAM F 4535 SOUTHERN BLVD WEST PALM BEACH, FL 33415	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: William F Koelle Wm. F. Koelle, VP 4/30/2003 714-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #