2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 28, 2000 8:00 am Secretary of State DOCUMENT # P99000081332 1. Entity Name HERITAGE CAPITAL HOLDINGS, INC. 08-28-2000 90060 036 ***550.00 Principal Place of Business Mailing Address C/O KENNETH F. DARROW. ESQ. C/O KENNETH F. DARROW, ESQ. 9350 S DIXIE HWY STE 1550 9350 S DIXIE HWY STE 1550 MIAMI FL 33156 00082015 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address 21526 N. TS+4. Dz. 21526 N. 58TH DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State LENDALE 58-2494214 Not Applicable ENDAL Zip 85308 \$8.75 Additional 5. Certificate of Status Desired USA 308° ⇔کن Fee Required 6. Name and Address of Current Registered Agent --7.~ Name and Address of New Registered Agent → CEUNCTH F. DARROW, DARROW, KENNETH D ESQ. Street Address (P.O. Box Number is Not Acceptable) 9350 S DIXIE HWY STE 1550 **MIAMI FL 33156** 9460 S. DADELAND BUD PE É 18, The above named entity submits this statemen for the purpose of changing its registered office or registered agent, or both, in the State of Florida agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT /DIRECTOR TITLE TITLE ☐ Change ■ Addition ☐ Delete ALAN LARAGE NAME NAME 10 A PARTRIME LANG STREET ADDRESS STREET ADDRESS 5mithfield RI 02917 CITY-ST-ZIP ☐ Change ☐ Addition SEC/TROPUL DIRECTOR TITI F GERALD MOOR STREET ADDRESS CITY-ST-ZIP ENDALE ☐ Addition TITLE Change

CITY-ST-ZIE TITLE STREET ADDRESS C!TY-ST-ZIP TITLE DAVID MAKE NAME NAME N 687 COW PATH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ATKINGN, WI 53538 TITLE ☐ Change ■ Addition TITLE DIRECTOR Delete NAME ROY GOSS 22500 NIBSTH AUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEORIA, AZ 85312 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Dever DENNIS NAME 9925 RIVER GOGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARSH FIGHD, WI TITLE ☐ Change Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

6/17/co 623-566-3316

Date Daytine Phone #