

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105749

1. Entity Name

HEH FINANCIAL GROUP, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90064 027 ***150.00

Principal Place of Business
1031 W. MORSE BOULEVARD
SUITE 200
WINTER PARK FL 32789-3750

Mailing Address
1031 W. MORSE BOULEVARD
SUITE 200
WINTER PARK FL 32789-3750

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4005 LILLIAN HALL LANE
Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

Zip
32812

Country

4. FEI Number
59-3609734

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HARP, HARRY E
1031 W. MORSE BOULEVARD
SUITE 200
WINTER PARK FL 32789-3750

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4005 LILLIAN HALL LANE
City ORLANDO FL Zip Code 32812

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 Harry E. Harp (NOTE: Registered Agent signature required when reinstating) DATE 4/18/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARP, HARRY E		NAME		
STREET ADDRESS	1031 W. MORSE BOULEVARD, SUITE 200		STREET ADDRESS	4005 LILLIAN HALL LANE	
CITY-ST-ZIP	WINTER PARK FL 32789-3750		CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Harry E. Harp DATE 4/18/2000 DAYTIME PHONE # 407 644 7455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)