

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90072 004 ***158.75

DOCUMENT # S08142

1. Entity Name

THE HEIDRICH CORPORATION

Principal Place of Business

260 MAITLAND AVE.
 SUITE 1000
 ALTAMONTE SPRINGS FL 32701
 US

Mailing Address

P.O. BOX 151059
 ALTAMONTE SPRINGS FL 32715-1059
 US

2. Principal Place of Business

260 Maitland Ave.
 Suite 1000

3. Mailing Address

P.O. Box 151059

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

Country

32701 USA

Zip

Country

32715 USA

6. Name and Address of Current Registered Agent

HEIDRICH, FRNACIS X. (Typo in Name)
 260 MAITLAND AVE.
 STE 1000 (Suite 1000)
 ALTAMONTE SPRINGS FL 32701

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.

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	HEIDRICH, FRANCIS X.	
STREET ADDRESS	260 MAITLAND AVE., STE. 1000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEIDRICH, H. JOSEPH IV	
STREET ADDRESS	260 MAITLAND AVE., STE. 1000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HEIDRICH, RACHEL I.	
STREET ADDRESS	260 MAITLAND AVE, STE. 1000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Francis X. Heidrich
 FRANCIS X. HEIDRICH, President

1/9/02

Date

407 644 9870

Daytime Phone #

CR2E034 (9/01)