

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90029 009 ***158.75

DOCUMENT # S22960

1. Entity Name

HERITAGE AMERICA CORP.

Principal Place of Business

5505 N. ATLANTIC AVE.
 115
 COCOA BEACH FL 32931
 US

Mailing Address

5505 N. ATLANTIC AVE.
 115
 COCOA BEACH FL 32931
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3115569**

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

HARTMAN, MICHAEL A
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CVD
MCPHILLIPS, MICHAEL F
450 CHALLENGER ROAD
CAPE CANAVERAL FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D/V ☒ Change ☐ Addition
Michael McPhillips
5505 N. Atlantic Ave., #115
Cocoa Beach, FL 32931

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
MCPHILLIPS, JACQUELINE
450 CHALLENGER ROAD
CAPE CANAVERAL FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D/V/S ☒ Change ☐ Addition
Jacqueline McPhillips
5505 N. Atlantic Ave., #115
Cocoa Beach, FL 32931

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPT
FLEMING, RANDALL M
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D/P/T ☒ Change ☐ Addition
Randall E. Fleming
5505 N. Atlantic Ave., #115
Cocoa Beach, FL 32931

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V ☒ Delete
HARTMAN, MICHAEL
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D/V ☐ Change ☒ Addition
James Kincaid
5505 N. Atlantic Ave., #115
Cocoa Beach, FL 32931

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V ☐ Delete
COLVARD, ALISON
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V ☒ Change ☐ Addition
Alison Colvard
5505 N. Atlantic Ave., #115
Cocoa Beach, FL 32931

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D/C ☐ Change ☒ Addition
Neal Harding
5505 N. Atlantic Ave., #115
Cocoa Beach, FL 32931

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)