

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29780

1. Entity Name

HEART MATES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90177 043 ***150.00

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|---|--|
| Principal Place of Business 221 FOREST AVE ALTAMONTE SPRINGS FL 32701 | Mailing Address 221 FOREST AVE ALTAMONTE SPRINGS FL 32701-3671 |
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|--|--------------------------------------|
| 2. Principal Place of Business 221 Forest Ave | 3. Mailing Address 221 Forest Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Alt spgs FL | City & State |
| Zip 32701 | Country Seminoe |



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3046038 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent SMITH, CHARLES D 221 FOREST AVE 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 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH CHARLES D 9822 BALMORAL CIRCLE ORLANDO FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Charles D Smith 5/1/00 401 260-8940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)