

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90123 029 ***158.75
 09-09-2002 90014 015 ***550.00

DOCUMENT # S36915

1. Entity Name
 AMERICAN HERITAGE ENTERPRISES INCORPORATED

Principal Place of Business
 2655 NORTH OCEAN DR.
 SUITE 500
 SINGER ISLAND FL 33404

Mailing Address
 2655 NORTH OCEAN DR.
 SUITE 500
 SINGER ISLAND FL 33404

873872

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 65-0243839

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

ENGEL, LINDA K. *Delete*
 2655 NORTH OCEAN DR.
 SUITE 500
 SINGER ISLAND FL 33404

Name *Brian Wiita*
 Street Address (P.O. Box Number is Not Acceptable)
Same
Same
 City *Same* 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 DP ☐ Delete
 NAME WIITA, B. BRIAN
 STREET ADDRESS 2655 N OCEAN DRIVE SUITE 500
 CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE ☐ Change ☐ Addition
 NAME *[Faint]*
 STREET ADDRESS *[Faint]*
 CITY-ST-ZIP *[Faint]*

TITLE VPS ☒ Delete
 NAME ENGEL, LINDA K.
 STREET ADDRESS 2655 NORTH OCEAN DR.
 CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE VPS ☐ Change ☒ Addition
 NAME *Jennifer West*
 STREET ADDRESS *2655 N. Ocean Dr, Suite 500*
 CITY-ST-ZIP *Singer Island, FL 33404*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02

Date

561-844-7700

Daytime Phone #

CR2E034 (4/02)