

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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**

FILED
03 MAY 12 AM 9:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIITA, BRIAN
2655 NORTH OCEAN DR.
SUITE 500
SINGER ISLAND FL 33404**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **WIITA, B. BRIAN**
CITY-ST-ZIP **2655 N OCEAN DRIVE SUITE 500
SINGER ISLAND FL 33404**

TITLE ☐ Change ☐ Addition
NAME **300019741399**
STREET ADDRESS **05/22/03--01068--003**
CITY-ST-ZIP ****\$600.00**

TITLE ☐ Delete
NAME **VPST**
STREET ADDRESS **WEST, JENNIFER**
CITY-ST-ZIP **2655 N OCEAN DR SUITE 500
SINGER ISLAND FL 33404**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/29/03

Date:

561-844-7700

Daytime Phone #

CR2E034 (10/02)

0377947 AV