

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90007 040 ***150.00

DOCUMENT # S61367

1. Entity Name
THE HERITAGE CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

~~1744 SANTA BARBARA DR.~~

~~1744 SANTA BARBARA DR.~~

~~DUNEDIN FL 34698~~

~~DUNEDIN FL 34698~~

US

US

2. Principal Place of Business

3. Mailing Address

1322 WINDING WILLOW DR.

1322 WINDING WILLOW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TRINITY, FL

City & State

TRINITY, FL

Zip

34655

Country

USA

Zip

34655

Country

USA

4. FEI Number

59-3071769

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

PITTMAN, NORMENT W.

~~1744 SANTA BARBARA DR.~~

~~DUNEDIN FL 34698~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1322 WINDING WILLOW DR.

City

TRINITY

FL

Zip Code

34655

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PITTMAN, NORMENT W.	
STREET ADDRESS	1744 SANTA BARBARA DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	V	<input type="checkbox"/> Delete
NAME	PITTMAN, YVONNE A.	
STREET ADDRESS	1744 SANTA BARBARA DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1322 WINDING WILLOW DR.
CITY-ST-ZIP	TRINITY, FL 34655
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1322 WINDING WILLOW DR.
CITY-ST-ZIP	TRINITY, FL 34655
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/2002 **727-463-5300**

CR2E034 (9/01)