2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **V16111** 1. Entity Name D. HEATON ENTERPRISES, INC. 03-20-2000 90133 022 ***150.00 Mailing Address Principal Place of Business C/O WALTERS SANDERS 1612 53RD AVENUE E 13910 N. DALE MABRY SUITE 1 5121 EHRUEH RD #102B TAMPA FL 33618-2440 ONECO FL 34264 us 2. Principal Place of Busines 3. Mailing Address Learss HVC 3355 C DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #. etc Applied For 4. FEI Number City & State City & State 65-0318150 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 336*18* Fee Required__ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDERS, WALTER 13910 NORTH DALE MABRY HWY., SUITE 1 BLDG. 107, SUITE B. **TAMPA FL 33618** City 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so ---- ' After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change TITLE HEATON, DAVID NAME NAME STREET ADDRESS STREET ADDRESS **4731 HUNTERS RUN** CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition ☐ Delete TITLE TITLE HEATON, DEBRA S. NAME STREET ADDRESS STREET ADDRESS 4731 HUNTERS RUN CITY-ST-7IP CITY-ST-ZIP SARASOTA FL Addition □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defere TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 preciper 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 it with an address, with all other like empowered. changed, or on an attach SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF