

2002 UNIFORM BUSINESS REPORT (UBR)

04-17-2002 90082 004 ***150.00

V39802

FILED

02 MAY -3 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39802

1. Entity Name

HEINZ AUTOPILOTS, INC.

Principal Place of Business

18190 SAN CARLOS BLVD.
FORT MYERS BEACH FL 33931

Mailing Address

18190 SAN CARLOS BLVD.
FORT MYERS BEACH FL 33931

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0341542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUHRIG, HEINZ
18190 SAN CARLOS BLVD.
FT. MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

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.

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

TITLE NAME ☐ Delete

D
BUHRIG, HEINZ
19190 SAN CARLOS BLVD.
FORT MYERS BEACH FL

TITLE NAME ☐ Delete

D
BUHRIG, ROXANNE
19190 SAN CARLOS BLVD.
FORT MYERS BEACH FL

TITLE NAME ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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 #

CR2004 (9/01)