2001 UNIFORM BUSINESS REPORT (UBR)

May 12, 2001 8:00 am Secretary of State **DOCUMENT # V60767** HEART AND ASSOCIATES CONSTRUCTION, INC. 05-12-2001 90051 050 ***150.00 Principal Place of Business Mailing Address 2830 SCHERER DRIVE 2830 SCHERER DR レママスひススロ SUITE 320 SUITE 320 ST. PETERSBURG FL 33716 ST.PETERSBURG FL 34622 HS 2. Principal Place of Business . 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 65-0355525 City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Leslie Joughin, III CABRERD, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 5200 BLUE LAGOON DR **SUITE 700** 100 South Ashley Drive, Suite 1500 MIAMI FL 33126 City Tampa ZB3601-3273 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE SHUFRO-ESPINOSA, JOYCE NAME NAME 1514 GULF BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH FL CITY-ST-ZIP VPTD. X pelete □ Change ☐ Addition TITLE TITLE TEPPER, SONDRA NAME NAME 1736 ADAMS CIRCLE SOUTH STREET ADDRESS STREET ADDRESS LARGO FL 33771 CITY-ST-ZIP CITY-ST-7IP Vice President/Treasurer Change TITLE Delete TITLE ☐ Addition LAWTER, DONALD K. Lawter, Donald K. NAME 1514 GULF BLVD 1514 Gulf Boulevard STREET ADDRESS STREET ADDRESS INDIAN ROCK BCH FL 33785 CITY-ST-7IP CITY-ST-7IP Indian Rocks Beach, FL 33785 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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