

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-17-2003 90138 016 ***150.00

DOCUMENT # V60767

1. Entity Name

HEART AND ASSOCIATES CONSTRUCTION, INC.



Principal Place of Business

2830 SCHERER DR

SUITE 320

ST. PETERSBURG FL 33716

US

Mailing Address

2830 SCHERER DRIVE

SUITE 320

SAINT PETERSBURG FL 33716

US

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 **65-0355525**

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

JOUGHIN, LESLIE III

100 SOUTH ASHLEY DRIVE, SUITE 1500

TAMPA FL 33601-3273

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
SHUFRO-ESPINOSA, JOYCE
1514 GULF BLVD
INDIAN ROCKS BEACH FL 33785**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**VPT
LAWTER, DONALD K.
1514 GULF BLVD
INDIAN ROCK BCH FL 33785**

☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Joyce Shufro-Espinosa **727-572-8022**
Date **3/24/03**

CR2F034 (10/02)