

# **4 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **470224**

1. Entity Name

**Jack's Enterprises, Inc**



FILED

04 APR 15 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**4110 SE 18th Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Cape Coral FL**

4. FEI Number

**59-1775920**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33904**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Frank Aloia**

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

**1716 Cape Coral Parkway**

**P.O. Box 538**

City

**Cape Coral**

**FL**

Zip Code

**33910**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>R. Treasure Richard Heiligenman 4110 SE 18th Place Cape Coral, FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. Richard Heiligenman II 4110 SE 18th Place Cape Coral, FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Linda Heiligenman 4110 SE 18th Place Cape Coral, FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC Heidi Nychyk 4110 SE 18th Place Cape Coral, FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200032754822 04/14/04--01053--008 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

**Linda Heiligenman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-04**

Date

Daytime Phone #

**540-7165**

CR2E034B (12/02)