

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H49244

1. Entity Name

P.C. HECK & CO., INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90251 032 ***150.00

Principal Place of Business	Mailing Address
5321 W. HWY 90, SUITE A P.O. BOX 15157 PANAMA CITY FL 32406 US	5321 W. HWY 90, SUITE A P.O. BOX 15157 PANAMA CITY FL 32406-5157 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 15157

City & State	City & State
	PANAMA CITY, FL.
Zip	Country
32406-5157	U.S.A.

4. FEI Number	59-2526674	Applied For
		<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SEIGLER, CARL G. 2312 W 33RD ST PANAMA CITY FL 32405

7. Name and Address of New Registered Agent
Name CARL G. SEIGLER Carl Seigler
Street Address (P.O. Box Number is Not Acceptable) 104 CANDLEWOOD CIRCLE
City PANAMA CITY
FL
Zip Code 32405

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 	CARL G. SEIGLER	04-27-2000
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, 2000 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	PD
NAME	SEIGLER, CARL C.
STREET ADDRESS	2312 W 33RD ST
CITY-ST-ZIP	PANAMA CITY FL
	<input type="checkbox"/> Delete
TITLE	VD
NAME	HECK, PATSY C.
STREET ADDRESS	232A 2ND ST.
CITY-ST-ZIP	PANAMA CITY FL
	<input checked="" type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD
NAME	Seigler, Carl G.
STREET ADDRESS	104 Candlewood Circle
CITY-ST-ZIP	Panama City, FL 32405
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	CARL G. SEIGLER	04-27-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #