

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006812

1. Entity Name

FAST FORDS OF LEE COUNTY, INC.

Principal Place of Business

1417 SW 18TH TERRACE  
CAPE CORAL FL 33991

Mailing Address

1417 SW 18TH TERRACE  
CAPE CORAL FL 33991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HECK, NED R  
1417 SW 18TH TERRACE  
CAPE CORAL FL 33991

4. FEI Number

65-0812503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD  
NAME GOUKER, PHYLLIS  
STREET ADDRESS 2929 SW 8TH CT.  
CITY-ST-ZIP FT. MYERS FL 33919 ☐ Delete

TITLE P  
NAME BROWN, THOMAS  
STREET ADDRESS 17173 CAPRI DR  
CITY-ST-ZIP FORT MYERS FL 33912 ☒ Delete

TITLE VPD  
NAME SCOTT, GABRIEL  
STREET ADDRESS 9111 PITTSBURGH BLVD.  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE T  
NAME HECK, NED R  
STREET ADDRESS 1417 SW 18TH TERR  
CITY-ST-ZIP CAPE CORAL FL 33981 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME TURNER, C. IRVIN  
STREET ADDRESS 3820 SE 15TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33904 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition  
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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 18, 2002 8:00 am  
Secretary of State

03-18-2002 90080 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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