

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90124 035 \*\*\*150.00

**DOCUMENT # P01000069137**

**1. Entity Name**  
**D&K QUALITY ACCOUNTING & TAX SERVICES, INC.**



**Principal Place of Business**  
**5215 14 ST W**  
**BRADENTON FL 34207**

**Mailing Address**  
**5215 14 ST W**  
**BRADENTON FL 34207**

**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 36-4457079**

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**

**HECKMAN, DONALD H**  
**120 RIVERWALK DR**  
**NORTH PORT FL 34287**

**7. Name and Address of New Registered Agent**

Name

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

**7208 CEDAR HOLLOW CIRCLE**

City

**BRADENTON**

FL

Zip Code

**34203**

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HECKMAN, DONALD H</b>	
STREET ADDRESS	<b>120 RIVERWALK DR</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HECKMAN, KATKLEEN T</b>	
STREET ADDRESS	<b>120 RIVERWALK DR</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HECKMAN, DAVID A</b>	
STREET ADDRESS	<b>4135 STONEGATE CT</b>	
CITY-ST-ZIP	<b>FT COLLINS CO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HECKMAN, TODD R</b>	
STREET ADDRESS	<b>4135 STONEGATE CT</b>	
CITY-ST-ZIP	<b>FT COLLINS CO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HECKMAN, BRIAN C</b>	
STREET ADDRESS	<b>120 RIVERWALK DR</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>7208 CEDAR HOLLOW CIRCLE</b>
CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>7208 CEDAR HOLLOW CIRCLE</b>
CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>7208 CEDAR HOLLOW CIRCLE</b>
CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: DONALD H. HECKMAN (Pres) 4/7/03 (941) 756-1146**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)