

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026226

1. Entity Name

NAPOLEON HECK ENTERPRISES, INC.

Principal Place of Business

11022 COPPER HILL DR
JACKSONVILLE FL 32218

Mailing Address

11022 COPPER HILL DR
JACKSONVILLE FL 32218

2. Principal Place of Business

11022 Copper Hill Drive

3. Mailing Address

11022 Copper Hill Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax. FL.

City & State

Jax. FL.

Zip

32218

Country

U.S.

Zip

32218

Country

U.S.

6. Name and Address of Current Registered Agent

HECK, NAPOLEON

11022 COPPER HILL DR
JACKSONVILLE FL 32218

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

Napoleon Heck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-9-2000

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 NAME STREET ADDRESS CITY-ST-ZIP

OWNER NAPOLEON HECK ☐ Delete

11022 Copper Hill Dr.

Jacksonville, FL 32218

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

Napoleon Heck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

929-00

Date

904-768-9962

Daytime Phone #

FILED

00 NOV 13 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

4. FEI Number

59-3498567

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E034 (5/00)