

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026226

1. Entity Name

NAPOLEON HECK ENTERPRISES, INC.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90040 008 \*\*\*150.00

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 DR.

Suite, Apt. #, etc.

3. Mailing Address

11022 Copper Hill DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

4. FEI Number

59-3498567

Applied For

Not Applicable

Zip

32218

Country

U.S.A.

Zip

32218

Country

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

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

4-6-01

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OWNER/PRESIDENT**  
**HECK, NAPOLEON**  
**11022 COPPER HILL DRIVE**  
**JACKSONVILLE FL 32218**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
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☐ Delete

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☐ Change ☐ 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:

*Napoleon Heck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

904)768-9962

Daytime Phone #

CR2E034 (10/00)