

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36810

1. Entity Name

BOB HECKMAN ASSOCIATES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90007 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1113 NORTH WATERWAY DRIVE  
BAREFOOT BAY FL 32976

1113 NORTH WATERWAY DRIVE  
BAREFOOT BAY FL 32976-7139

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 59-3129012

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HECKMAN, BOB  
1113 NORTH WATERWAY DRIVE  
BAREFOOT BAY FL 32976

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME HECKMAN, BOB  
STREET ADDRESS 1113 NORTH WATERWAY DR.  
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME HECKMAN, ROSEMARIE E.  
STREET ADDRESS 1113 NORTH WATERWAY DR.  
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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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:

Bob Heckman, Pres.

Date

Daytime Phone #

04/16/00 561-664-0306

CR2E034 (9/99)