

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-27-2002 90080 036 ***150.00

DOCUMENT # V36810

1. Entity Name

BOB HECKMAN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~1113 NORTH WATERWAY DRIVE~~
~~BAREFOOT BAY FL 32976~~

~~1113 NORTH WATERWAY DRIVE~~
~~BAREFOOT BAY FL 32976~~

26161

2. Principal Place of Business
1224 Gardenia Drive

3. Mailing Address
1224 Gardenia Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Barefoot Bay, FL

City & State
Barefoot Bay, FL

4. FEI Number

59-3129012

Applied For

Not Applicable

Zip
32976

Country
Brevard

Zip
32976

Country
Brevard

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 **Bob Heckman**

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

1224 Gardenia Drive

City

Barefoot Bay

FL

Zip Code
32976

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, 2002 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 NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	HECKMAN, BOB	
CITY-ST-ZIP	1113 NORTH WATERWAY DR. BAREFOOT BAY FL 32976	
TITLE NAME	VP	<input type="checkbox"/> Delete
STREET ADDRESS	HECKMAN, ROSEMARIE E.	
CITY-ST-ZIP	1113 NORTH WATERWAY DR. BAREFOOT BAY FL 32976	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Heckman, Bob	
CITY-ST-ZIP	1224 Gardenia Drive Barefoot Bay, FL 32976	
TITLE NAME	VP-Heckman, Rosemarie E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1224 Gardenia Drive	
CITY-ST-ZIP	Barefoot Bay, FL 32976	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Bob Heckman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02

772-664-0306

Date

Daytime Phone #

CR2E034 (9/01)