## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addr

## **FILED** May 22, 2002 8:00 am Secretary of State DOCUMENT # V55222 1. Entity Name HECKER INVESTMENT, INC. 05-22-2002 90163 006 \*\*\*150.00 96 Principal Place of Business Mailing Address 1996 IMPERIAL GOLF COURSE BLVD. 1996 IMPERIAL GOLF COURSE BLVD. NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0349482 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNTER, JAMES Street Address (P.O. Box Number is Not Acceptable) 1613 BERMUNDA GREENS BLVD., B-7 NAPLES FL 34110 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TPD TITI F (5/01)☐ Delete Change ☐ Addition NAME WEHLEN, JUERGEN STREET ADDRESS 9853 TAMIAMI TRAIL NORTH STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP TITLE Delete ٧S TITLE Change Addition NAME REHFELDT, UWE NAME STREET ADDRESS STREET ADDRESS 9853 TAMIAMI TRAIL NORTH CITY-ST-ZIP NAPLES FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition WEHLEN, MARLIS NAME STREET ADDRESS 9853 N TAMIAMI TR #225 STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if