

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05484

1. Entity Name

HOEBE BUILDERS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90065 001 ***150.00

Principal Place of Business

Mailing Address

% WINANDUS H. HOEBEN
351 FAIRMONT TERR
PORT CHARLOTTE FL 33954

% WINANDUS H. HOEBEN
351 FAIRMONT TERR
PORT CHARLOTTE FL 33954-3426

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 **59-2654843**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOEBEN, WINANDUS H
351 FAIRMONT TERR
PORT CHARLOTTE FL 33954

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 PDST ☐ Delete
NAME HOEBEN, WINANDUS H.
STREET ADDRESS 341 FAIRMONT TERR
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE PDSTV ☒ Change ☐ Addition
NAME HOEBEN WINANDUS H
STREET ADDRESS 351 FAIRMONT TERR
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Winand H. Hoeben WINAND H. HOEBEN PRES.

3-28-00

94-629-6374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #