2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90366 012 ***150.00

DOCUMENT # P97000013229

1. Entity Name

HELLING TRAVEL SYSTEMS, INC.

Principal Place of Business	Mailing Address
3317 MAJESTIC COURT CAPE CORAL FL 33904-5946	1505 SE 40TH STREET SUITE C CAPE CORAL FL 33904-7913

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1907 S.E. 35. ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CAPE CORAL, FL
Zip / Country	Zip: 33904 / Country: LEE

4. FEI Number 65-0729320 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LA ROCCO, SILRANA
1505 SE 40TH STREET
SUITE C
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name: GISELA SOYKE
Street Address (P.O. Box Number is Not Acceptable): 1907 S.E. 35. ST
CAPE CORAL
City: FL Zip Code: 33904

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] Gisela Soyke (GISELA SOYKE) 4-20-2000
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 NAME STREET ADDRESS CITY-ST-ZIP	PT HELLING, BERND BERG STR 23 56242 SELTES, GERMANY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HELLING, JUTTA BERG STR 23 56242 SELTES, GERMANY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] (JUTTA HELLING) 941-540-0638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #