

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681486

1. Entity Name

HORBECK INTERNATIONAL CORPORATION

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90363 042 \*\*\*150.00

Principal Place of Business

3655 N. FED HWY  
DELRAY BEACH FL 33483  
US

Mailing Address

3655 N. FED HWY.  
DELRAY BEACH FL 33483  
US

80039909



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Delray Beach

3. Mailing Address

3655 N. Fed Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number 59-2214590

Applied For

Not Applicable

Zip

33483

Country

U.S.A.

Zip

33483

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORBECK, JOHANNES HENDRIK  
3655 N. FED. HWY.  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PD  
NAME HORBECK, JOHANNES H.  
STREET ADDRESS 3655 N. FED. HWY.  
CITY-ST-ZIP DELRAY BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day to Phone 5

CR2E034 (10/00)