

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850334

1. Entity Name

LENI HYDROKULTUR CORPORATION

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90097 030 ***150.00

Principal Place of Business

3040 MERCY DRIVE
ORLANDO FL 32808
US

Mailing Address

3040 MERCY DRIVE
ORLANDO FL 32808-3148
US

2. Principal Place of Business

585 Osceola Court
Suite, Apt. #, etc.

3. Mailing Address

585 Osceola Court
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Park

City & State

Winter Park

4. FEI Number

13-3032828

Applied For

☒ Not Applicable

Zip

32789

Country

USA - FL

Zip

32789

Country

USA - FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BOSCH, GERT	
STREET ADDRESS	615 N. THOMPSON RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GAINES, RICHARD	
STREET ADDRESS	615 N. THOMPSON RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bosch, Gert	
STREET ADDRESS	585 Osceola Court	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaines, Richard	
STREET ADDRESS	585 Osceola Court	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00
Date

(407) 647-8244
Daytime Phone #