

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005627

1. Entity Name

HOECKER, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90035 041 ***150.00

Principal Place of Business

11595 KELLY RD.
115
FT. MYERS FL 33908
US

Mailing Address

11595 KELLY RD.
115
FT. MYERS FL 33908-2539
US

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

13-3200364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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 PD
NAME HOECKER, JOERN
STREET ADDRESS D-32107 BAD SALZUFLEN-LOCKHAUSEN
CITY-ST-ZIP GERMANY ☐ Delete

TITLE VT
NAME PIERRO,
STREET ADDRESS 11595 KELLY RD 115
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE S
NAME LUTRINGER, RICHARD E
STREET ADDRESS 101 PARK AVENUE
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE D
NAME HOECKER, UWE
STREET ADDRESS D-32107 BAD SALZUFLEN-LOCKHAUSEN
CITY-ST-ZIP GERMANY ☐ Delete

TITLE D
NAME HOECKER, HORST
STREET ADDRESS D-32107 BAD SALZUFLEN-LOCKHAUSEN
CITY-ST-ZIP GERMANY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Elaine Pierro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

941 454 7776

Daytime Phone #

CR2E034 (9/99)