

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000005627**

1. Entity Name

HOECKER, INC.**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90075 018 ***150.00

0386458

Principal Place of Business Mailing Address
11595 KELLY RD. 11595 KELLY RD.
115 115
FT. MYERS FL 33908 FT. MYERS FL 33908
US 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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD									
	HOECKER, JOERN	D-32107 BAD SALZUFLEN-LOCKHAUSEN	GERMANY							
	VT									
	PIERRO,	11595 KELLY RD 115	FT. MYERS FL							
	S									
	LUTRINGER, RICHARD E	101 PARK AVENUE	NEW YORK NY							
	D									
	HOECKER, UWE	D-32107 BAD SALZUFLEN-LOCKHAUSEN	GERMANY							
	D									
	HOECKER, HORST	D-32107 BAD SALZUFLEN-LOCKHAUSEN	GERMANY							

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

2/9/01
Date

9414547776
Daytime Phone #

CR2E034 (10/00)