

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90009 010 ***150.00

NOTED
AV

DOCUMENT # J32447

1. Entity Name

ALTIGER ENTERPRISES, INC.

Principal Place of Business

**30 VAGABOND LANE
HOB0 ACRES
WINTER HAVEN FL 33881**

Mailing Address

**30 VAGABOND LANE
HOB0 ACRES
WINTER HAVEN FL 33881**

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

59-2727314

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

**MCKIBBEN, JEFF J.
1009 HIGHWAY 17, NORTH
WAUCHULA FL**

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, 2002 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 **PD** ☒ Delete
NAME **VON HAHMANN, MARY S.**
STREET ADDRESS **30 VAGABOND LANE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **VON HAHMANN, KENNETH M.**
STREET ADDRESS **30 VAGABOND LANE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **HICKS, LEE S.**
STREET ADDRESS **400 MCLEOD ROAD**
CITY-ST-ZIP **HARTSVILLE SC**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **HICKS, LEE S.**
STREET ADDRESS **400 MCLEOD ROAD**
CITY-ST-ZIP **HARTSVILLE S.C.**

TITLE **D** ☐ Delete
NAME **HICKS, WADE HAMPTON III**
STREET ADDRESS **400 MCLEOD ROAD**
CITY-ST-ZIP **HARTSVILLE SC**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER - D** ☐ Change ☒ Addition
NAME **VON HAHMANN, Kenneth M. Jr.**
STREET ADDRESS **1999 LEISURE DR NW**
CITY-ST-ZIP **Winter Haven, FL. 33881**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP - D** ☐ Change ☒ Addition
NAME **VON HAHMANN, KARL G.**
STREET ADDRESS **2143 S. Conway Rd APT. 1709**
CITY-ST-ZIP **ORLANDO, FL. 32812**

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:

Kenneth M. von Hahmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
Date

863-324-6053
Daytime Phone #

CR2E034 (9/01)