

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90280 001 \*\*\*150.00

**DOCUMENT # J32447**

**1. Entity Name**  
**ALUTIGER ENTERPRISES, INC.**



**Principal Place of Business**  
**30 VAGABOND LANE**  
**HOBO ACRES**  
**WINTER HAVEN FL 33881**

**Mailing Address**  
**30 VAGABOND LANE**  
**HOBO 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**

☐ CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**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** **TD** ☐ Delete  
**NAME** **VOW HAHMANN, KENNETH M JR**  
**STREET ADDRESS** **1999 LEISURE DR NW**  
**CITY-ST-ZIP** **WINTER HAVEN FL 33881**

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

**TITLE** **VD** ☐ Delete  
**NAME** **VON HAHMANN, KARL G**  
**STREET ADDRESS** **2143 S. CONWRY RD APT 1709**  
**CITY-ST-ZIP** **ORLANDO FL 32812**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 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**  
**Kenneth M. von Hahmann**

**3/6/03**

**863-324-6053**

CR2E034 (10/02)