

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008346
AF

DOCUMENT # L99000006004

1. Entity Name
HOHMANN'S ENTERPRISE, L.C.

00 APR -6 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3501 DEL PRADO BLVD., STE 200
CAPE CORAL FL 33904

Mailing Address

3501 DEL PRADO BLVD., STE 200
CAPE CORAL FL 33904-7210

2. Principal Place of Business

12741 World Plaza Lane, Building 84

Suite, Apt. #, etc.

Suite 3, Building 84

City & State

Fort Myers, Florida

Zip

33907

Country

U.S.A.

3. Mailing Address

5109 Del Prado Blvd.

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33904

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0954147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARTEL, VIOA

5109 DEL PRADO BLVD

CAPE CORAL FL 33904

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOHMANN, UWE SCHWEDENSTR. 11, D-66851 HORBACH/GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOHMANN, PIA SCHWEDENSTR. 11, D-66851 HORBACH/GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****50.00 *****50.00

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

04/02/00 94-542-0713