

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006004

1. Entity Name

HOHMANN'S ENTERPRISE, L.C.

FILED

01 MAR 26 PM 3:40

Principal Place of Business

Mailing Address

~~12741 WORLD PLAZA LANE~~  
~~SUITE 8-BUILDING 8A~~  
~~FORT MYERS FL 33907~~

~~5109 DEL PRADO BLVD.~~  
~~CAPE CORAL FL 33904~~

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1262 MUROK WAY S

3. Mailing Address

P.O. BOX 66343

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

33705

Country

USA

Zip

33736

Country

USA

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

7. Name and Address of New Registered Agent

Name

ANNE HENSEL

Street Address (P.O. Box Number is Not Acceptable)

1262 MUROK WAY S

City

ST. PETERSBURG

FL

Zip Code

33705

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 of person named name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/06/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HOHMANN, UWE  
SCHWEDENSTR. 11,  
D-66851 HORBACH/GERMANY

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8000035321000-034  
-03/30/01-01095-034  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
MGRM  
HOHMANN, PIA  
SCHWEDENSTR. 11,  
D-66851 HORBACH/GERMANY

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11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/06/01

Date

Daytime Phone #

CR2E083 (11/00)