

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90171 003 ***150.00

DOCUMENT # P 00000038485
1. Entity Name
 CHJ of SW FL, Inc.

Principal Place of Business **Mailing Address**
~~621 Cape Coral Parkw.E Cape Coral, FL 33904~~ ~~621 Cape Coral Parkw.E Cape Coral, FL 33904~~

00046298

2. Principal Place of Business **3. Mailing Address**
 807 Glenn Avenue 1505 S.E. 40th Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite C

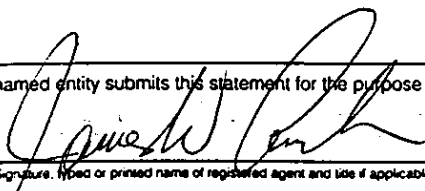
DO NOT WRITE IN THIS SPACE

City & State **City & State**
 Lehigh Acres, FL Cape Coral, FL
Zip **Country** **Zip** **Country**
 33972 33904

4. FEI Number **Applied For**
 65-1033631 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~Spiegel & Utrera, P.A.~~
~~343 Almeria Ave.~~
~~Coral Gables, FL 33134~~

7. Name and Address of New Registered Agent
Name Amburn, James W.
Street Address (P.O. Box Number is Not Acceptable)
 1505 S.E. 40th Street
Suite C
City Cape Coral **FL** **Zip Code** 33904

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  **DATE** 04/23/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	Hoedl, Hans-Dieter	
STREET ADDRESS	807 Glenn Avenue	
CITY-ST-ZIP	Lehigh Acres, FL 33972	
TITLE	D	<input type="checkbox"/> Delete
NAME	Hoedl, Hildegard	
STREET ADDRESS	807 Glenn Avenue	
CITY-ST-ZIP	Lehigh Acres, FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** 04.17.2001 **Daytime Phone #** 944-549-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #