

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041527

1. Entity Name  
HS INTERNATIONAL SW FLORIDA, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90235 043 \*\*\*158.75

Principal Place of Business  
9757 MAPLECREST CIRCLE  
LEHIGH ACRES FL 33936

Mailing Address  
9757 MAPLECREST CIRCLE  
LEHIGH ACRES FL 33936

2. Principal Place of Business  
SAME  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 897  
Suite, Apt. #, etc.

City & State

City & State  
LEHIGH ACRES

Zip Country

Zip Country  
33970 USA

4. FEI Number

Applied for  
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWERS, ROBERT L  
23 COLORADO ROAD  
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name BEVERLY BLUE  
Street Address (P.O. Box Number is Not Acceptable)  
9757 MAPLECREST CIR  
City LEHIGH ACRES FL Zip Code 33936

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  BEVERLY BLUE 04-13-2001  
(NOTE: Registered Agent's 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, 2001 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 D ☐ Delete  
NAME SUHS, HEINRICH W  
STREET ADDRESS 9757 MAPLECREST CIRCLE  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE D ☐ Delete  
NAME BLUE, BEVERLY  
STREET ADDRESS 9757 MAPLECREST CIRCLE  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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

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

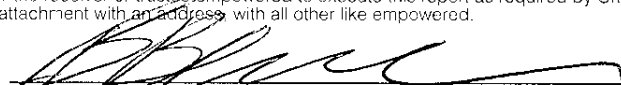
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  


04-13-2001 (941) 369-2525  
Date Daytime Phone #

CR2E034 (10/00)