

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 91100 001 \*\*\*150.00

05-17-2000 91100 002 \*\*\*\*\*8.75

**DOCUMENT # P30781**

1. Entity Name

**HOERBIGER SERVICE INC.**

Principal Place of Business

1381 S.W. 30TH AVE.  
POMPANO BCH FL 33069-1824  
US

Mailing Address

P O BOX 8888  
FT LAUDERDALE FL 33310-8888  
US

2. Principal Place of Business

**3350 Gateway Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**3350 Gateway Drive**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Pompano Beach, Florida**

City & State

**Pompano Beach, Florida**

4. FEI Number

**13-3580446**

Applied For

Not Applicable

Zip

Country

**33069**

**USA**

Zip

Country

**33069**

**USA**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRUBER, FRANZ**  
**1381 SOUTHWEST 30TH AVENUE**  
**POMPANO BEACH FL 33069-4814**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRUBER, FRANZ	
STREET ADDRESS	1381 S.W. 30TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TUYMER, WALTER	
STREET ADDRESS	1381 S W 30TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, BRUCE	
STREET ADDRESS	1381 SW 30TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T/S	<input type="checkbox"/> Delete
NAME	HENDERSON, HEATHER	
STREET ADDRESS	1381 S W 30TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3350 Gateway Drive	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3350 Gateway Drive	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3350 Gateway Drive	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	Exec V.P./D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hannes Hunschofsky	
STREET ADDRESS	3350 Gateway Drive	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Roberson	
STREET ADDRESS	3350 Gateway Drive	
CITY-ST-ZIP	Pompano Beach FL 33069	

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:

*Heather Henderson*

Heather Henderson 4/24/99 54 974 5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)