

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90130 018 \*\*\*150.00

**DOCUMENT # P93000013915**

1. Entity Name  
**PETRA-HELGA, INC.**

Principal Place of Business

**1318 LAFAYETTE ST  
 CAPE CORAL FL 33904**

Mailing Address

**1318 LAFAYETTE ST  
 CAPE CORAL FL 33904**

**642333**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**166 SW 53RD TERR**  
 Suite, Apt. #, etc.

3. Mailing Address

**1217 CAPE CORAL PKWY**  
 Suite, Apt. #, etc.  
**PMB #200**

City & State

**CAPE CORAL, FLORIDA**

City & State

**CAPE CORAL, FLORIDA**

4. FEI Number

**65-0384275**

Applied For

Not Applicable

Zip

Country

**33914**

**LEE**

Zip

Country

**33904**

**LEE**

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

**HILL, THOMAS W  
 1318 LAFAYETTE ST  
 CAPE CORAL FL 33904**

Name

**SAUERWEIN, HELGA**

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

**166 SW 53RD TERRACE**

City

**CAPE CORAL**

FL

Zip Code

**33914**

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.

**Helga Sauerwein**

(NOTE: Registered Agent signature required when reinstating)

**04/19/01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD SAUERWEIN, ERNEST	<input type="checkbox"/> Delete
STREET ADDRESS	1318 LAFAYETTE ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME	STD HILL, THOMAS W.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1318 LAFAYETTE ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD SAUERWEIN, ERNEST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	166 SW 53RD TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE NAME	STD SAUERWEIN, HELGA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	166 SW 53RD TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Helga Sauerwein**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**04/19/01**

Daytime Phone #

**941-542-7352**

CR2E034 (10/00)