## 2000 UNIFORM BUSINESS REPORT (UBR)

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## DOCUMENT # **P93000082337** Mar 04, 2000 8:00 am Secretary of State HEIDILAND CORP. 03-04-2000 90008 042 \*\*\*150.00 Mailing Address Principal Place of Business WILLIAM A MAHER WILLIAM A MAHER 2038 HENLEY PLACE 2038 HENLEY PLACE FT MYERS FL 33901-3107 FT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0453690 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAHER THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DP Change ☐ Delete TITLE TITLE KOCH, WILLY NAME NAME 2038 HENLEY PLACE FT MYERS, FL 33901 STREET ADDRESS C/O OPTIMO LTD /PO BOX STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 8042 ZURICH SWITZERLAND Change Addition TITLE ☐ Delete TITLE NAME KOCH, HEIDI NAME STREET ADDRESS C/O OPTIMO LTD./PO BOX STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 8042 ZURICH SWITZERLAND Change Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 sypplemental 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 repeiver 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 i

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