

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046332

1. Entity Name

HELLO FLORIDA INVESTMENTS AND MANAGEMENT INC.

Principal Place of Business

P.O. BOX 687
LEHIGH ACRES FL 33970
US

Mailing Address

501 CONSTRUCTION LANE
C-2
LEHIGH ACRES FL 33936-4849
US

2. Principal Place of Business

420 LEE BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 687

Suite, Apt. #, etc.

City & State

LEHIGH ACRES

City & State

LEHIGH ACRES

Zip

33936

Country

FL

Zip

33970-0687

Country

FL

4. FEI Number

65-0680769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STERR, KARL
421 MCKINLEY AVE.
LEHIGH ACRES FL 33970

7. Name and Address of New Registered Agent

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)

4/15/2000
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

TITLE D ☐ Delete
NAME STERR, KARL M
STREET ADDRESS 421 MCKINLEY AVE
CITY-ST-ZIP LEHIGH ACRES FL

TITLE D ☐ Delete
NAME STERR, INGE
STREET ADDRESS 421 MCKINLEY AVE
CITY-ST-ZIP LEHIGH ACRES FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000
Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90027 023 ***150.00



DO NOT WRITE IN THIS SPACE

04 (1/98)