

2001 UNIFORM BUSINESS REPORT (UBR).

DOCUMENT # P95000046332

1. Entity Name
HELLO FLORIDA INVESTMENTS AND MANAGEMENT INC.

Principal Place of Business

420 LEE BLVD
LEHIGH ACRES FL 33936
US

Mailing Address

P.O. BOX 687
LEHIGH ACRES FL 33970-0687
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 1101

Suite, Apt. #, etc.

City & State

LEHIGH ACRES

Zip

33970

Country

FL.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90111 019 ***150.00



DO NOT WRITE IN THIS SPACE

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

STERR KARL

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

421 MC. KINLEY AVE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/01
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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)