

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90218 001 \*\*\*150.00

DOCUMENT # **P96000013251**



1. Entity Name  
**NOTHNAGEL CORPORATION**

Principal Place of Business  
**%HKB BLASCHKE CORP.**  
**1634 S.E. 47TH STREET #16**  
**CAPE CORAL FL 33904**

Mailing Address  
**%HKB BLASCHKE CORP.**  
**1634 S.E. 47TH STREET #16**  
**CAPE CORAL FL 33904**

2. Principal Place of Business  
**c/o ANDREW G. JESSEN**

3. Mailing Address  
**6371-4 Presidential Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**6371-4 PRESIDENTIAL COURT**

City & State  
**FORT MYERS, FL**

City & State  
**FORT MYERS, FL**

4. FEI Number **65-0652052**

Applied For  
Not Applicable

Zip  
**33919**

Country  
**LEE**

Zip  
**33919**

Country  
**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

**BLASCHKE, HANS K**  
**1634 S.E. 47TH STREET #16**  
**CAPE CORAL FL 33904**

Name  
**ANDREW G. JESSEN**

Street Address (P.O. Box Number is Not Acceptable)  
**6371-4 PRESIDENTIAL COURT**

City  
**FORT MYERS**

FL Zip Code  
**33919**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrew G. Jessen*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **NOTHNAGEL, DITMAR**  
CITY-ST-ZIP **1M EITENGRUND 33**  
**SANKT AUGUSTIN/ GERMANY 53757**

TITLE ☒ Change ☐ Addition  
NAME **IM ERLENGUND 33**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **NOTHNAGEL, MARIANNE**  
CITY-ST-ZIP **1M EITENGRUND 33**  
**SANKT AUGUSTINE/ GERMANY 53757**

TITLE ☒ Change ☐ Addition  
NAME **IM ERLENGUND 33**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **NOTHNAGEL, HEIKE**  
CITY-ST-ZIP **IM ERLENGUND 33**  
**SANKT AUGUSTIN/GERMANY 53757**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED MAR NOTHNAGEL**

**2/12/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EX34 (10/02)