

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058098

1. Entity Name

HENKE PROPERTY MANAGEMENT, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90047 017 ***150.00

Principal Place of Business

Mailing Address

6213-E PRESIDENTIAL CT
FORT MYERS FL 33919
US

6213 E PRESIDENTIAL CT
FORT MYERS FL 33919-3564
US

2. Principal Place of Business

6213-A Presidential Ct
Suite, Apt. #, etc.

3. Mailing Address

6213-A Presidential Ct
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

65-0678421

Applied For

Not Applicable

Zip

33919

Country

USA

Zip

33919

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENKE, CAROL J
6213 E PRESIDENTIAL CT
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

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

6213-A Presidential Ct.

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.

SIGNATURE

Carol J Henke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-2000

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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 PTD
NAME HENKE, CAROL J
STREET ADDRESS 1380 LANDMARK CT SW
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

TITLE VD
NAME HENKE, ROBERT C
STREET ADDRESS 1380 LANDMARK CT SW
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

TITLE SD
NAME MEVES, STACI M
STREET ADDRESS 1380 LANDMARK CT SW
CITY-ST-ZIP FT MY 33919 ☐ 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 6342 SCOTT LANE
CITY-ST-ZIP FORT MYERS FL 33912 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6342 SCOTT LANE
CITY-ST-ZIP FORT MYERS FL 33912 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6342 SCOTT LANE
CITY-ST-ZIP FORT MYERS FL 33912 ☒ 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:

Carol J Henke CAROL J. HENKE

Date

1-10-2000 941-481-7150

Daytime Phone #

CR2E034 (9/99)