

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90094 048 ***150.00

DOCUMENT # P96000063739

1. Entity Name

Holtmann Corporation

Principal Place of Business

Mailing Address

5117 Rutland Court
 Cape Coral, FL 33904

1505 S.E. 40th Street, Suite C
 Cape Coral, FL 33904

004003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0688165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Amburn, James
 1505 S.E. 40th Street, Suite C
 Cape Coral, FL 33904

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)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME Holtmann, Hans B
 STREET ADDRESS 5117 Rutland Court
 CITY-ST-ZIP Cape Coral, FL 33904 ☐ Delete

TITLE VPD
 NAME Holtmann, Jutta
 STREET ADDRESS 5117 Rutland Court
 CITY-ST-ZIP Cape Coral, FL 33904 ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME ☐ Change ☐ Addition
 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(2)(b), 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] HANS HOLTSMANN Jutta Holt 04/25/02 944-549-9499