

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081505

1. Entity Name

HILTL COMMERCIAL VEHICLES CORPORATION

Principal Place of Business

1724 YORK ISLAND DR  
NAPLES FL 34112  
US

Mailing Address

1724 YORK ISLAND DR  
NAPLES FL 34112-4271  
US  
P.O. Box 2066, NAP. FL. 34106

2. Principal Place of Business

1100 6TH AVE SOUTH

Suite, Apt. #, etc.

SUITE 229

CITY & STATE  
NAPLES, FLORIDA

Zip  
34102

Country  
US

3. Mailing Address

P.O. Box 2066

Suite, Apt. #, etc.

CITY & STATE  
NAPLES, FLORIDA

Zip  
34106

Country  
US

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90156 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0700138

Applied For

Not Applicable

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

SITTNER, PETER  
1100 6 AVE S. STE 229  
NAPLES FL 34103

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HOLFELDER, DIETER**  
CITY-ST-ZIP **100 N. DISCAYNE BLVD-21ST FLOOR**  
**MIAMI FL 33132**

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

TITLE ☐ Delete  
NAME **HOLFELDER DIETER**  
STREET ADDRESS **P.O. Box 2066**  
CITY-ST-ZIP **NAPLES, FLORIDA 34106**

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

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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 times, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.17.00 (941 434 8038)

CR2E034 (9/99)