2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000002548** Jan 24, 2000 8:00 am **Secretary of State** J. HEINRICH CORPORATION 01-24-2000 90079 009 ***150.00 Mailing Address Principal Place of Business 1105 CAPE CORAL PARKWAY E. 12247 LONDONDERRY LANE BONITA SPRINGS FL 33923 SUITE C CAPE CORAL FL 33904-9175 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State APPLIED FOR Not Applicable Country \$8.75 Additional Country Zìp 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, CHRITINE F Street Address (P.O. Box Number is Not Acceptable) 1105 CAPE CORAL PKWY EAST SUITE C CAPE CORAL FL 33904 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. HEINRICH JOSEF Zum SPITZEN BAUM 12 DPT TITLE ☐ Addition ☐ Delete TITLE HEINRICH, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS ZUM SPITZEN BAUM 12, 66663 LOLD LOLD MERZIG-SCHWEMLINGENIGERA CITY-ST-ZIP CITY-ST-ZIP MERZIG-SCHWEMLINGEN, GERMANY Addition ☐ Delete TITLE TITLE HEINRICH, SIMONE HEINRICH, SIMONE NAME NAME ZIEM SPITZEN BALEMIA STREET ADDRESS STREET ADDRESS **ZUM SPTIZEN BAUM 12** ldelolo3 MERZIG-SCHWEMLINGEN,GERNONY CITY-ST-ZIP CITY-ST-ZIP MERZIG-SCHWEMLINGEN, GERMANY Change _ _ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE , , NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 other like empowered. JOSEF HEINRICH 01. JAN. 00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR