

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90135 005 \*\*\*150.00

**DOCUMENT # P97000002548**

1. Entity Name  
**J. HEINRICH CORPORATION**



Principal Place of Business  
**12247 LONDONDERRY LANE  
BONITA SPRINGS FL 33923**

Mailing Address  
**1105 CAPE CORAL PARKWAY E.  
SUITE C  
CAPE CORAL FL 33904**



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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WRIGHT, CHRISTINE F~~  
**1105 CAPE CORAL PKWY EAST  
SUITE C  
CAPE CORAL FL 33904**

Name  
**Darrin R. Schutt, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1105 Cape Coral Parkway, East  
Suite C  
Cape Coral FL 33904**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2-26-03**

**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 **DPT** ☐ Delete  
NAME **HEINRICH, JOSEPH**  
STREET ADDRESS **ZUM SPITZEN BAUM 12, 66663**  
CITY-ST-ZIP **MERZIG-SCHWEMLINGEN, GER**

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

TITLE **S** ☐ Delete  
NAME **HEINRICH, SIMONE**  
STREET ADDRESS **ZUM SPITZEN BAUM 12, 66663**  
CITY-ST-ZIP **MERZIG-SCHWEMLINGEN, GERMANY**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **JOSEPH HEINRICH** 03.10.03 947-498-9481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)