

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026512

1. Entity Name

HARTL CORPORATION

Principal Place of Business

SEEHAUSER STRASSE 46  
RUHPOLDING GERMANY 83324

Mailing Address

C/O ELENA H. BRALAT  
4119 GREEN TREE AVE.  
SARASOTA FL 34233-4056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BENZ, HARALD B  
2620-A-MANATEE AVENUE WEST  
SUITE C  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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

TITLE **P**  
NAME **HARTL, JOSEF**  
STREET ADDRESS **SEEHAUSER STRASSE 46**  
CITY-ST-ZIP **RUHPOLDING GERMANY 83324**  
☒ Delete

TITLE **V**  
NAME **HARTL, WENZEL**  
STREET ADDRESS **AN DER AU 5**  
CITY-ST-ZIP **RUHPOLDING GERMANY 83324**  
☒ Delete

TITLE **T**  
NAME **HARTL, JAROSLAW**  
STREET ADDRESS **HAUPTSTRASSE 32**  
CITY-ST-ZIP **RUHPOLDING GERMANY 83324**  
☒ 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 **PRESIDENT**  
NAME **JAROSLAW HARTL**  
STREET ADDRESS **4119 GREEN TREE AVENUE**  
CITY-ST-ZIP **SARASOTA, FLORIDA 34233**  
☒ Change ☐ Addition

TITLE **VICE-PRESIDENT**  
NAME **WENZEL HARTL**  
STREET ADDRESS **4119 GREEN TREE AVENUE**  
CITY-ST-ZIP **SARASOTA, FLORIDA 34233**  
☒ Change ☐ Addition

TITLE **TREASURER:**  
NAME **ANNA HARTL**  
STREET ADDRESS **4119 GREEN TREE AVENUE**  
CITY-ST-ZIP **SARASOTA, FLORIDA 34233**  
☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90142 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3412719**  
Applied For ☐  
Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

03-20-2000