

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028233

1. Entity Name

HEGI CORPORATION

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90126 024 ***150.00

Principal Place of Business

Mailing Address

5117 CASTELLO DR
SUITE 1
NAPLES FL 34103
US

5117 CASTELLO DR
SUITE 1
NAPLES FL 34133-0279
US

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd.
Suite, Apt. #, etc.
200

P.O. Box 279
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs, FL
Zip
34135
Country

City & State
Bonita Springs, FL
Zip
34133
Country

4. FEI Number 65-0742899

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

AMBURN, JAMES W
5117 CASTELLO DR
SUITE 1
NAPLES FL 34103

Name
Street Address (P.O. Box Number is Not Acceptable)
28000 Spanish Wells Blvd.
City Bonita Springs FL Zip Code 34135

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 NAME STREET ADDRESS CITY-ST-ZIP	D HEGI, ULRICH RITTERFELDDAMM 35 A BERLIN, GERMANY 14009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HEGI, ULRICH 15170 MALLARD LN. N FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEGI, PETRA RITTERFELDDAMM 35 A BERLIN, GERMANY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HEGI, PETRA 15170 MALLARD LN. N FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Petra Hegi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00
Date

Daytime Phone #

CR2E034 (9/99)