

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044246

1. Entity Name

HERBST INVESTMENT CORPORATION

Principal Place of Business

1105 CAPE CORAL PARKWAY EAST, STE. C
CAPE CORAL FL 33904

Mailing Address

1105 CAPE CORAL PARKWAY EAST, STE. C
CAPE CORAL FL 33904-9175

2. Principal Place of Business

1318 Lafayette St.
Suite, Apt. #, etc.

3. Mailing Address

1318 Lafayette St.
Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

4. FEI Number

65-0967249

APPLIED FOR

Applied For

Not Applicable

Zip

33904

Country

Zip

33904

Country

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

WRIGHT, CHRISTINE F
1105 CAPE CORAL PARKWAY EAST, STE. C
CAPE CORAL FL 33904

Name

Hill, Thomas W.

Street Address (P.O. Box Number is Not Acceptable)

1318 Lafayette St.

City

Cape Coral

FL

Zip Code

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.

SIGNATURE

Thomas W Hill

2-9-00

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 D
NAME BRIGITTE HERBST, MOESSMANNSTR
STREET ADDRESS 11, D-86199
CITY-ST-ZIP AUGSBURG, GERMANY ☐ Delete

TITLE D
NAME HERBST, BRIGITTE ☒ Change ☐ Addition
STREET ADDRESS MOESSMANNSTR. 11
CITY-ST-ZIP 86199 AUGSBURG, GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

01-29-00

Date

941-549-2444

Daytime Phone #

CR2E034 (9/99)