

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2000 90186 011 ***150.00

026390



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000045660

1. Entity Name
HOWA CONSULTING, INC.

Principal Place of Business Mailing Address

**4753 ESTERO BLVD
APT 601B
FORT MYERS FL 33931** **C/O HOLLMANN
BAHNSTRASSE 17A
FRIEDRICHSDORF, GERMANY 61381**

2. Principal Place of Business 3. Mailing Address

4753 Estero Blvd. **Bahnstrasse 17 A**

Suite, Apt. # etc. Suite, Apt. #, etc.

Apt. 601 B

City & State City & State

Fort Myers FL **61381 Friedrichsdorf**

Zip Country Zip Country

33931 **Germany**

4. FEI Number Applied For

65-0871165 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLLMAN, OTMAR
4753 ESTERO BLVD
APT 601B
FORT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

Name **Otmar Hollmann**

Street Address (P.O. Box Number is Not Acceptable)
**4753 Estero Blvd.
Apt. 601 B**

City State Zip Code

Fort Myers Beach FL 33931

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 *Otmar Hollmann* DATE **3/3/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	HOLLMANN, OTMAR
STREET ADDRESS	BAHNSTRASSE 17A, 61381 FRIEDRICHSDORF
CITY-ST-ZIP	GERMANY
TITLE	D <input type="checkbox"/> Delete
NAME	WALDE, HEINRICH
STREET ADDRESS	IM DAMMWALD 8 B, 61381 FRIEDRICHSDORF
CITY-ST-ZIP	GERMANY
TITLE	D <input type="checkbox"/> Delete
NAME	HOLLMANN, DORIS
STREET ADDRESS	BAHNSTRASSE 17 A, 61381 FRIEDRICHSDORF
CITY-ST-ZIP	GERMANY
TITLE	D <input type="checkbox"/> Delete
NAME	HOLLMANN, SONJA
STREET ADDRESS	EICHACKERSTRASSE 11, 61381 FRIEDRICHSDORF
CITY-ST-ZIP	GERMANY
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *Otmar Hollmann* Date **3/3/00** Daytime Phone # **(941) 463-7836**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR