2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am DOCUMENT # **P98000045660** Secretary of State 1. Entity Name HOWA CONSULTING, INC. 03-20-2000 90186 011 ***150 00 Principal Place of Business Mailing Address 4753 ESTERO BLVD C/O HOLLMANN APT 601B BAHNSTRASSEE 17A 626390 FORT MYERS FL 33931 FRIEDRICHISDORF, GERMANY 61381 3. Mailing Address Bahustrasse 17 A incipal Place of Business Estero Blrd. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0871165 Not Applicable \$8.75 Additional 5. Certificate of Status Desired CIM QUI 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLMAN, OTMAR 4753 ESTERO BLVD **APT 601B** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HOLLMANN, OTMAR NAME NAME STREET ADDRESS STREET ADDRESS BAHNSTRASSE 17A, 61381 FRIEDRICHSDORF CITY-ST-ZIP CITY-ST-ZIF GERMANY ☐ Delete ☐ Change ☐ Addition TITLE NAME WALDE, HEINRICH NAME STREET ADDRESS STREET ADDRESS IM DAMMWALD 8 B, 61381 FRIEDRICHSDORF CITY-ST-ZIP CITY-ST-ZIP GERMANY Change ☐ Addition TITLE -- --- Delete NAME HOLLMANN, DORIS STREET ADDRESS STREET ADDRESS BAHNSTRASSE 17 A, 61381 FRIEDRICHSDORF CITY-ST-ZIP CITY-ST-ZIP **GERMANY** ☐ Change ☐ Addition TITLE ☐ Delete NAME HOLLMANN, SONJA STREET ADDRESS EICHACKERSTRASSE 11, 61381 FRIEDRICHSDORF STREET ADDRESS CITY - ST-ZIP CITY-ST-718 **GERMANY** ☐ Delete ☐ Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachme SIGNATURE: