

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90036 046 ***150.00

0634238

DOCUMENT # P98000045660
 1. Entity Name
HOWA CONSULTING, INC.

Principal Place of Business Mailing Address
4753 ESTERO BLVD **BAHNSTRASSE 17A**
APT 601B **FRIEDRICHSDORF, GERMANY 61381**
FORT MYERS FL 33931

D0033405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4753 Estero Blvd. **Bahnstrasse 17 A**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Myers Beach, FL **61381 Friedrichsdorf**

Zip Country Zip Country
33931 **FL** **61381** **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 **Fort Myers Beach** FL Zip Code **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 *O. Hollmann* DATE 3/30/01
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, 2001 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
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: *O. Hollmann* Date 3/30/01 Daytime Phone # (941) 463-7836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)