

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90907 012 ***150.00

0689497 IN

DOCUMENT # P98000045660	
1. Entity Name HOWA CONSULTING, INC.	
Principal Place of Business 4753 ESTERO BLVD APT 601B FORT MYERS FL 33931	Mailing Address BAHNSTRASSE 17A FRIEDRICHSDORF. GERMANY 61381
2. Principal Place of Business 4753 Estero Blvd.	3. Mailing Address Bahnstrasse 17A
Suite, Apt. #, etc. Apt. 601 B	Suite, Apt. #, etc.
City & State Fort Myers Beach, FL	City & State 61381 Friedrichsdorf
Zip 33931	Country FL
Zip 61381	Country Germany



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0871165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 3/20/02
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLMANN, OTMAR BAHNSTRASSE 17A, 61381 FRIEDRICHSDORF GERMANY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDE, HEINRICH IM DAMMWALD 8 B, 61381 FRIEDRICHSDORF GERMANY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLMANN, DORIS BAHNSTRASSE 17 A, 61381 FRIEDRICHSDORF GERMANY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLMANN, SONJA EICKACKERSTRASSE 11, 61381 FRIEDRICHSDORF GERMANY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *O. Hollmann* DATE 3/20/02 DAYTIME PHONE # (941) 463-7836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)