

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90907 012 \*\*\*150.00

068497 IN

**DOCUMENT # P98000045660**

1. Entity Name

**HOWA CONSULTING, INC.**

Principal Place of Business

Mailing Address

**4753 ESTERO BLVD  
APT 601B  
FORT MYERS FL 33931**

**BAHNSTRASSE 17A  
FRIEDRICHSDORF, GERMANY 61381**



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number

**65-0871165**

Applied For

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/20/02**

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, 2002 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          | <b>D</b>   | <input type="checkbox"/> Delete |
| NAME           | <b>HOLLMANN, OTMAR</b>                           |                                 |
| STREET ADDRESS | <b>BAHNSTRASSE 17A, 61381 FRIEDRICHSDORF</b>     |                                 |
| CITY-ST-ZIP    | <b>GERMANY</b>                                   |                                 |
| TITLE          | <b>D</b>   | <input type="checkbox"/> Delete |
| NAME           | <b>WALDE, HEINRICH</b>                           |                                 |
| STREET ADDRESS | <b>IM DAMMWALD 8 B, 61381 FRIEDRICHSDORF</b>     |                                 |
| CITY-ST-ZIP    | <b>GERMANY</b>                                   |                                 |
| TITLE          | <b>D</b>   | <input type="checkbox"/> Delete |
| NAME           | <b>HOLLMANN, DORIS</b>                           |                                 |
| STREET ADDRESS | <b>BAHNSTRASSE 17 A, 61381 FRIEDRICHSDORF</b>    |                                 |
| CITY-ST-ZIP    | <b>GERMANY</b>                                   |                                 |
| TITLE          | <b>D</b>   | <input type="checkbox"/> Delete |
| NAME           | <b>HOLLMANN, SONJA</b>                           |                                 |
| STREET ADDRESS | <b>EICHACKERSTRASSE 11, 61381 FRIEDRICHSDORF</b> |                                 |
| CITY-ST-ZIP    | <b>GERMANY</b>                                   |                                 |
| 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    |  |   |
| 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/02**

Date

**(941) 463-7836**

Daytime Phone #

CR2E034 (9/01)