

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90429 017 ***150.00

DOCUMENT # P98000045660

1. Entity Name
HOWA CONSULTING, INC.



Principal Place of Business
**4753 ESTERO BLVD
APT 601B
FORT MYERS BEACH FL 33931**

Mailing Address
**BAHNSTRASSE 17A
FRIEDRICHSDORF, GERMANY 61381**



2. Principal Place of Business
4753 Estero Blvd.

3. Mailing Address
Bahnstrasse 17

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

CHECK HERE IF MAKING CHANGES

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
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *O. Hollmann* DATE **4/8/03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. 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	

11. 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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *O. Hollmann* **REQUIRED** DATE: **4/8/03** (239) 463-7836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)