

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017583

1. Entity Name

HK OF SOUTHWEST FLORIDA, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90139 015 ***150.00

Principal Place of Business

Mailing Address

C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103-2715

2. Principal Place of Business

12795 Maiden Cane Lane

3. Mailing Address

12795 Maiden Cane Lane

Suite, Apt. #, etc.

c/o Henry Holzkamper

Suite, Apt. #, etc.

c/o Henry Holzkamper

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

59-3566203

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

34135

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLASP INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

Name

Henry Holzkamper

Street Address (P.O. Box Number is Not Acceptable)

12795 Maiden Cane Lane

City

Bonita Springs

FL

Zip Code

34135

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HEPNER, BRUCE
CITY-ST-ZIP 6923 N KOLMER AVE.
LINCOLNWOOD IL 60646

TITLE ☒ Change ☐ Addition
NAME D, S
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KORNYLAK, WILLIAM J
CITY-ST-ZIP 13110 TRAVIS VIEW LOOP
AUSTIN TX 78732

TITLE ☒ Change ☐ Addition
NAME D, P
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KORNYLAK, DENISE M
CITY-ST-ZIP 13110 TRAVIS VIEW LOOP
AUSTIN TX 78732

TITLE ☒ Change ☐ Addition
NAME D, T
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

WILLIAM J. Kornylak, President

Date

Daytime Phone #

4-20-00 512-2667872

CR2E034 (9/99)