

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90008 035 \*\*\*150.00

**DOCUMENT # P99000082993**

1. Entity Name

**HUMMEL BAHN ENTERPRIZE, INC.**

Principal Place of Business

**4134 GULF OF MEXICO DRIVE, SUITE 302  
LONGBOAT KEY FL 34228**

Mailing Address

**4134 GULF OF MEXICO DRIVE, SUITE 302  
LONGBOAT KEY FL 34228**

2. Principal Place of Business

**STERLING SANDS**

3. Mailing Address

**3912 INDIAN TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**C 1080 HWY 98E**

City &amp; State

**DESTIN, FL**

City &amp; State

**DESTIN, FL**

Zip

Country

Zip

Country

**32541****32541**4. FEI Number **65-0957202**

Applied For

Not Applicable

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

**DORKA, KARL****4134 GULF OF MEXICO DRIVE, SUITE 302  
LONGBOAT KEY FL 34228**

Name

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

**3912 INDIAN TRAIL**City **DESTIN****FL**

Zip Code

**32541**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>DORKA, KARL</b>	
STREET ADDRESS	<b>4134 GULF OF MEXICO DRIVE, SUITE 302</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>DORKA, HELMUT</b>	
STREET ADDRESS	<b>4134 GULF OF MEXICO DRIVE, SUITE 302</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	VICE PRES	<input type="checkbox"/> Delete
NAME	<b>LESLAY DORKA</b>	
STREET ADDRESS	<b>3912 INDIAN TRAIL</b>	
CITY-ST-ZIP	<b>DESTIN, FL 32541</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORKA, KARL</b>	
STREET ADDRESS	<b>3912 INDIAN TRAIL</b>	
CITY-ST-ZIP	<b>DESTIN, FL 32541</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LESLAY DORKA</b>	
STREET ADDRESS	<b>3912 INDIAN TRAIL</b>	
CITY-ST-ZIP	<b>DESTIN, FL 32541</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Karl Heinz Dorka**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KARL-HEINZ DORKA****4/26/01**

Date

**(850) 650 1100**

Daytime Phone #

CR2E034 (10/00)