

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90232 043 \*\*\*150.00

**DOCUMENT # P99000084259**

**1. Entity Name**  
**HEIKO WEBER CORPORATION**

**Principal Place of Business**  
**28000 SPANISH WELLS BLVD**  
**SUITE 200**  
**BONITA SPRINGS FL 34135**

**Mailing Address**  
**P.O. BOX 279**  
**BONITA SPRINGS FL 34133**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**10911 Bonita Beach Rd #208-1**  
**Suite, Apt. #, etc.**  
**# 208-1**

**3. Mailing Address**

**10911 Bonita Beach Rd**  
**Suite, Apt. #, etc.**  
**# 208-1**

**City & State**  
**Bonita Springs FL**  
**Zip**  
**34135**  
**Country**  
**USA**

**City & State**  
**Bonita Springs FL**  
**Zip**  
**34135**  
**Country**  
**USA**

**4. FEI Number** **65-0950876**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AMBURN, JAMES W**  
**28000 SPANISH WELLS BLVD**  
**SUITE 200**  
**BONITA SPRINGS FL 34135**

**7. Name and Address of New Registered Agent**

**Name**  
**Heiko Weber**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10911 Bonita Beach Rd #208-1**  
**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

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>WEBER, HEIKO</b> <b>433 FORT LAUDERDALE BEACH BLVD.</b> <b>FORT LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>HENSLEY, KAREY</b> <b>28000 SPANISH WELLS BLVD., SUITE 200</b> <b>BONITA SPRINGS FL 34135</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>WEBER, HEIKO</b> <b>10911 Bonita Beach Rd #208-1</b> <b>Bonita Springs, FL 34135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>HENSLEY, KAREY</b> <b>10911 Bonita Beach Rd #208-1</b> <b>Bonita Springs, FL 34135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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: [Signature] REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

**hensley & company pa**

10911 Bonita Beach Road #208  
Bonita Springs, Florida 34135  
941/992-6060  
Fax 941/992-9506  
email: karey@hensley-co.net

Attachment

Doc. # 199000084259  
B0601242

Friday, July 27, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Heiko Weber Corporation  
10911 Bonita Beach Road #208-1  
~~Bonita Springs, FL 34135~~

Dear Sir:

Please find enclosed the Uniform Business Report for the Heiko Weber Corporation and note the change of address. Due to the confusion of construction and moving the first report was lost in the mail. We ask that you waive the penalty, as Mr. Weber has always been prompt in the past.

Sincerely,

  
Karey Hensley