FILED
Apr 08, 2003 8:00 am
Secretary of State
04-08-2003 90091 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20742

90077059

1. Entity Name
HOWAL OF LEE COUNTY CORPORATION

Principal Place of Business	Mailing Address
C/O CHESTER ORZEL 5306 COLONADE CT CAPE CORAL, FL 33904 US	2631 SW TERR CAPE CORAL, FL 33914

2. Principal Place of Business	3. Mailing Address: 2631 SW 48th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Cape Coral, FL
Zip / Country	Zip: 33914 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0270959 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POBSCH, ROLF
2631 SW 48TH TERR
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECKMANN, H.W. 5306 COLONADE CT CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: ____________________ 04.04.2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #