

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000116176

**Entity Name:** HOERBIGER SERVICE INC.

**Current Principal Place of Business:**

12206 FAIRMONT PKWY  
LA PORTE, TX 77571

**Current Mailing Address:**

12206 FAIRMONT PKWY  
LA PORTE, TX 77571 US

**FEI Number: 13-3580446**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ADKINS, JASON  
Address        12206 FAIRMONT PKWY  
City-State-Zip: LA PORTE TX 77571

Title            TREASURER  
Name            HENDERSON, HEATHER  
Address        1191 E NEWPORT CENTER DRIVE  
                 SUITE 210  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            SECRETARY  
Name            CARDOSO, LUIS MURILO  
Address        3350 GATEWAY DR  
City-State-Zip: POMPANO BECH FL 33069

Title            VP  
Name            METCALF, JOHN  
Address        3350 GATEWAY DR  
City-State-Zip: POMPANO BEACH FL 33069

Title            DIRECTOR  
Name            ADKINS, JASON  
Address        12206 FAIRMONT PKWY  
City-State-Zip: LA PORTE TX 77571

Title            DIRECTOR  
Name            GRUBER, FRANZ  
Address        1358 WEST NEWPORT CENTER  
                 DRIVE  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            SAUTTER, WOLFGANG  
Address        SEESTADSTRASSE 25  
City-State-Zip: VIENNA 1220

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LUIS MURILO CARDOSO**

**SECRETARY**

**04/03/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date