

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90138 001 ***150.00

DOCUMENT # G58824

1. Entity Name

REIMELT CORPORATION

Principal Place of Business

Mailing Address

13330 BYRD DRIVE
 ODESSA FL 33556-5312

13330 BYRD DRIVE
 33556-5312
 ODESSA FL 33556-5312
 US

80004750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2324237**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE CO.
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

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, 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	PD	<input type="checkbox"/> Delete
NAME	REIMELT, STEPHAN	
STREET ADDRESS	13330 BYRD DRIVE	
CITY-ST-ZIP	ODESSA FL	
TITLE	EVGM	<input type="checkbox"/> Delete
NAME	SCHUBERT, HORST	
STREET ADDRESS	13330 BYRD DRIVE	
CITY-ST-ZIP	ODESSA FL 33556-5312	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SCHUBERT, HORST	
STREET ADDRESS	13330 BYRD DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JESKEY, ANTHONY	
STREET ADDRESS	13330 BYRD DRIVE	
CITY-ST-ZIP	ODESSA FL 33556-5312	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT W	
STREET ADDRESS	13330 BYRD DRIVE	
CITY-ST-ZIP	ODESSA FL 33556-5312	
TITLE	STCO	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT W	
STREET ADDRESS	13330 BYRD DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00
 Date

813-920-7434
 Daytime Phone #

CRP-034 (9/99)