

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

DOCUMENT # P97000092936

1. Entity Name

GUENTER ENDERLE ENTERPRISES, INC.

01-25-2000 90043 027 ***150.00

Principal Place of Business

Mailing Address

1454 LAKEVIEW DRIVE
 TARPON SPRONGS FL 34689

1454 LAKEVIEW DRIVE
 TARPON SPRONGS FL 34689-5625

2. Principal Place of Business

27 West Tarpon Ave
 Suite, Apt. #, etc.

3. Mailing Address

same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs, Florida

City & State

Tarpon Springs, Florida

4. FEI Number

59-3480217

Applied For

Not Applicable

Zip

34689

Country

USA

Zip

34689-5625

Country

USA

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

GORBY, ROBERT
 1454 LAKEVIEW DRIVE
 TARPON SPRINGS FL 34689

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

Kellie Thomas
 Kellie Thomas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/00

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 Delete
 NAME **D**
 STREET ADDRESS **ENDERLE, GUNTER**
 CITY-ST-ZIP **KIESELBRONNER STRASSE 28**
D-75177 PFORZHEIM GERMANY

TITLE Change Additio
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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

Kellie Thomas
 Kellie Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/00

Daytime Phone #

727-938-1544