## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P9800004063 May 16, 2000 8:00 am Secretary of State GETTLER CORKSCREW, INC. 05-16-2000 90058 024 \*\*\*150.00 Principal Place of Business Mailing Address 21451 SOUTH TAMIAMI TRAIL 21451 SOUTH TAMIAMI TRAIL ESTERO FL 33928-2902 ESTERO FL 33928 $Phhorz_{-}$ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0812157 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GETTLER, CHARLES Street Address (P.O. Box Number is Not Acceptable) 18661 W. SPRUCE DRIVE FT. MYERS FL 33912 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD Change ☐ Addition ☐ Delete TITLE GETTLER, CHARLES NAME NAME STREET ADDRESS 18661 W. SPRUCE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 Change ☐ Addition ☐ Delete TITLE TITLE GETTLER, SUSANNE NAME NAME 18661 W. SPRUCE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 Change ☐ Addition TITLE □ Delete GETTLER, SUSANNE ... NAME NAME 18661 W. SPRUCE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. MYERS FL 33912 Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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:** 

STEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gettler

4 - 27-00

(941)267-2017

Daytime Phone #