

DOCUMENT # P98000029440

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90040 037 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
FORTUNE 2000 MANAGEMENT, INC.

Principal Place of Business Mailing Address
4901 TAMiami TRAIL N. **4901 TAMiami TRAIL N.**
NAPLES FL 34103 **NAPLES FL 34103**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3518469** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

U.S. INVESTOR SERVICES, INC.
4901 TAMiami TRAIL NORTH
NAPLES FL 34103-3010

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.

SIGNATURE _____ DATE _____

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ROTERMUND, ULLI 4001 TAMiami TR N, STE 265 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD .. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rotermund, Ulli 4901 Tamiami Trail North Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HINRICHSEN ROTERMUND, JUTTA 4001 TAMiami TR N, STE 265 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hinrichsen Rotermund, Jutta 4901 Tamiami Trail North Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP HANSEN, GERD 4001 TAMiami TRAIL N., #265 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hansen, Gerd 4901 Tamiami Trail North Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP FILTHAUT, RAINER 4001 TAMiami TRAIL N., #265 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Filthaut, Rainer 4901 Tamiami Trail Noth Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP ORTHMANN, RICHARD 4001 TAMiami TRAIL N., #265 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orthmann, Richard 4901 Tamiami Trail North Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *R. Filthaut* Date: 9-1-01 Daytime Phone #: 941-213-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)