

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90066 045 ***150.00

DOCUMENT # P99000051109

1. Entity Name
KOMM MIT-DEUTSCHE TOUREN, INC.

951906



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2100 MAIN STREET SARASOTA FL 34237	Mailing Address 2198 MAIN STREET SARASOTA FL 34237-0024
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2. Principal Place of Business 6694 5th Ave N Suite, Apt. #, etc. # 1	3. Mailing Address 6694 5th Ave N Suite, Apt. #, etc. # 1
City & State St. Petersburg, Florida	City & State St. Petersburg, FL
Zip 33710	Country USA
Zip 33710	Country U.S.A.

4. FEI Number 65-0928394	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~JAENSCH, P. CHRISTOPHER~~
~~2198 MAIN STREET~~
~~SARASOTA FL 34237~~

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 _____ (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

TITLE	D <input type="checkbox"/> Delete
NAME	THIEL, RALF
STREET ADDRESS	RICHARD-WAGNER-STR. 6 08112 WILKAU-HASSLAU
CITY-ST-ZIP	GERMANY
TITLE	D <input type="checkbox"/> Delete
NAME	THIEL, ANKE
STREET ADDRESS	RICHARD-WAGNER-STR. 6 08112 WILKAU-HASSLAU
CITY-ST-ZIP	GERMANY
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIEL, RALF
STREET ADDRESS	6694 5th AVE N #1
CITY-ST-ZIP	ST. PETERSBURG, FLORIDA, 33710
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIEL, ANKE
STREET ADDRESS	6694 5th AVE N #1
CITY-ST-ZIP	ST. PETERSBURG, FLORIDA, 33710
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)(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: SIGNEE ANKE THIEL 04-24-00 Date Daytime Phone #