

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000092936**

1. Entity Name

GUENTER ENDERLE ENTERPRISES, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90043 027 ***150.00

Principal Place of Business

Mailing Address

1454 LAKEVIEW DRIVE
TARPON SPRINGS FL 34689**1454 LAKEVIEW DRIVE**
TARPON SPRINGS FL 34689-5625

2. Principal Place of Business

3. Mailing Address

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

DO NOT WRITE IN THIS SPACE

City & State

City & State

Tarpon Springs, Florida4. FEI Number **59-3480217**

Applied For

Not Applicable

Zip

Country

Zip

Country

34689**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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

Kellie Thomas
Kellie Thomas**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 State10. 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 **D** ☐ Delete
NAME **ENDERLE, GUNTER**
STREET ADDRESS **KIESELBRONNER STRASSE 28**
CITY-ST-ZIP **D-75177 PFORZHEIM GERMANY**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kellie Thomas
Kellie Thomas

Date

Daytime Phone #

1/14/00**727-938-154**