

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841952

1. Entity Name

AZER HOLDINGS N.V.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90026 020 \*\*\*150.00

Principal Place of Business

Mailing Address

7200 PROCTOR RD.  
 SARASOTA FL 34241

7200 PROCTOR RD  
 SARASOTA FL 34241-9397  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6901 CLARK RD

P.O. BOX 19138

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1786827

Applied For

Not Applicable

Zip

Country

Zip

34276

Country

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

TALBOT, LINDA  
 7200 PROCTOR RD.  
 SARASOTA FL 34241

Name

LINDA TALBOT

Street Address (P.O. Box Number is Not Acceptable)

2432 BREAKWATER CURVE

City

FL

Zip Code

34231

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 LINDA TALBOT, VP

[Signature]

4-6-00

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULMKE, RITA	NAME	
STREET ADDRESS	7200 PROCTOR RD.	STREET ADDRESS	6901 CLARK RD
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA FL 34241
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALBOT, LINDA	NAME	
STREET ADDRESS	7200 PROCTOR RD	STREET ADDRESS	6901 CLARK RD
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA FL 34241
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] VP: LINDA TALBOT, VP

4/6/00

941 923-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)