

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

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

Country

34276

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 CIRCLE

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

TITLE P ☐ Delete
NAME ULMKE, RITA
STREET ADDRESS 7200 PROCTOR RD.
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Change ☐ Addition
NAME 6901 CLARK RD
STREET ADDRESS SARASOTA FL 34241
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME TALBOT, LINDA
STREET ADDRESS 7200 PROCTOR RD
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Change ☐ Addition
NAME 6901 CLARK RD
STREET ADDRESS SARASOTA FL 34241
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *[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)