

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # 852160

1. Entity Name
AFSM INTERNATIONAL, INC.

Principal Place of Business

1342 COLONIAL BLVD
#25
FT MYERS FL
33907

Mailing Address

1342 COLONIAL BLVD
#25
FT MYERS FL
33907

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

59-1941188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HENAUPT DAVID
1342 COLONIAL BLVD. #25

FORT MYERS FL
33907 US

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

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

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, 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

TITLE PC ☐ Delete
NAME GOMMERS MAART
STREET ADDRESS PASTORIS 35
CITY-ST-ZIP LT VELDHOVEN 5508

TITLE T ☐ Delete
NAME GEUNTER RICHARD
STREET ADDRESS P.O. BOX 500 (N/A)
CITY-ST-ZIP BLUE BELL PA 19424

TITLE S ☐ Delete
NAME BRAUN JOHN
STREET ADDRESS P.O. BOX 958 (N/A)
CITY-ST-ZIP VALLEY FORGE PA 19462

TITLE CEO ☐ Delete
NAME HENAUPT DAVID
STREET ADDRESS 1342 COLONIAL BLVD., #25
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☒ Change ☐ Addition
NAME SCHOENEWALD JOHN
STREET ADDRESS 551 DEER RIDGE LANE
CITY-ST-ZIP MAPLEWOOD MN 55119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: DAVID HENAUPT

CEO

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)