1/30/2002-90046-041-$150.00-$150.00
* 5/27/2002-90432-019-$150.00-$150.00
FILED
02 JUL 31 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002810

1. Entity Name: GVT GASVERSORGUNGSTECHNIK S.A. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
403 JOAN AVE	403 JOAN AVE
Suite, Apt. #, etc.: STE A	Suite, Apt. #, etc.: STE A
City & State: LEHIGH ACRES FL	City & State: LEHIGH ACRES FL
Zip: 33971 Country: US	Zip: 33971 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 98-0217397 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required.

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: STOUT, J NATHAN
Street Address (P.O. Box Number is Not Acceptable): 403 JOAN AVE
STE A
City: LEHIGH ACRES FL Zip Code: 33971

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] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE 7/23/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	MUELLER, MONIKA	NAME	
STREET ADDRESS	AM BICHLERHOF 11	STREET ADDRESS	
CITY-ST-ZIP	836486 BAD TOELZ, GERMANY	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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****550.00 ****550.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7/22/02 — Daytime Phone #: