

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90378 003 ***150.00

DOCUMENT # F95000002517

1. Entity Name

VORWERK USA, INC.

Principal Place of Business

P.O. BOX 166012
ALTAMONTE SPRINGS FL 32716-6012

Mailing Address

P.O. BOX 166012
ALTAMONTE SPRINGS FL 32716-6012

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3311064

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**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)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOOGENDIJK, HANS	
STREET ADDRESS	VERENASTRASSE 39, WOLLERAU CH-8832	
CITY-ST-ZIP	SWITZERLAND	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SARRAZIN, JOCHEN	
STREET ADDRESS	VERENASTRASSE 39, WOLLERAU CH-8832	
CITY-ST-ZIP	SWITZERLAND	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BIONDO, P R	
STREET ADDRESS	1089 CROSS CUT WAY	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SILVERA, KEITH R	
STREET ADDRESS	973 SUNSHINE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHNEIDER, JOANNE	
STREET ADDRESS	926 GREAT POND DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWANITZ, ACHIM	
STREET ADDRESS	MUHLNENWEG 17-37	
CITY-ST-ZIP	D-42270 WUPPERTAL, GERMANY	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 01, 2000

(407) 772 2222

Date

Daytime Phone #

CR2E034 (9/99)