

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1150

0006000  
AV

DOCUMENT # **F95000002517**

1. Entity Name  
**VORWERK USA, INC.**



FILED

03 OCT 16 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**185 WAYMONT DRIVE  
LAKE MARY FL 32746**

Mailing Address  
**185 WAYMONT DRIVE  
LAKE MARY FL 32746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3311064**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anne Boutilier*  
Signature, typed or printed name of registered agent and title if applicable.

**ANNE BOUTILIER  
ASSISTANT SECRETARY**

**10-10-03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD**  
NAME **SARRAZIN, JOCHEN**  
STREET ADDRESS **185 WAYMONT DRIVE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD**  
NAME **BIONDO, P R**  
STREET ADDRESS **1089 CROSS CUT WAY**  
CITY-ST-ZIP **LONGWOOD FL 32750**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VT**  
NAME **RAMIREZ, JOSPEH**  
STREET ADDRESS **185 WAYMONT DRIVE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V**  
NAME **CRONGSTEDT, JANET**  
STREET ADDRESS **185 WAYMONT DRIVE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**  
NAME **SCHWANTZ, ACHIM**  
STREET ADDRESS **185 WAYMONT DRIVE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anne Boutilier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/24/03**  
Date

Daytime Phone #

CR2E034 (4/03)