

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001834

1. Entity Name

D.W.B. ATHCO (HK) LTD. COMPANY

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90020 010 ***150.00

Principal Place of Business

7590 COMMERCE CT.
SARASOTA FL 34243

Mailing Address

7590 COMMERCE CT.
SARASOTA FL 34243-3217

2. Principal Place of Business

1009 Tallevast Rd.

Suite, Apt. #, etc.

3. Mailing Address

1009 Tallevast Rd.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip 34243

Country U.S.

City & State

Sarasota, FL

Zip 34243

Country U.S.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

40 Athco, Inc.

1009 Tallevast Rd.

City Sarasota

FL

Zip Code 34243

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 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 PCD
NAME BERGER, DAVID W
STREET ADDRESS 1310 HILLVIEW DR.
CITY-ST-ZIP SARASOTA FL

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

TITLE VD
NAME GOLDMAN, STUART
STREET ADDRESS 49 VALLEY RD.
CITY-ST-ZIP OLD WESTBURY NY

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

TITLE D
NAME CHU, HON C
STREET ADDRESS BLOCK 4D, 6/F, WONDERLAND VILLAS
CITY-ST-ZIP KOWLOON, HONG KONG

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

5-1-200

941-351-1600

CR2E034 (9/99)