## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **F99000002770** 1. Entity Name PFLEIDERER LEASING USA, INC. 05-24-2000 90062 045 \*\*\*150.00 Principal Place of Business Mailing Address 4131 HIGHWAY 17 SOUTH 4131 HIGHWAY 17 SOUTH BARTOW FL 33830 BARTOW FL 33830 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2460360 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent BROWN, JENNY Street Address (P.O. Box Number is Not Acceptable) 4131 HIGHWAY 17 SOUTH BARTOW FL 33830 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria ofi back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE Delete MALL, HANS-PETER NAME STREET ADDRESS STREET ADDRESS **INGOLSTADTER STRABE 51** CITY-ST-ZIP CITY-ST-ZIP **D-92318 NEUMARKT GERMANY** TITLE TITLE ☐ Belete RAUSCHER, HELMUT NAME NAME **INGOLSTADTER STRABE 51** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP... CITY-ST-ZIP D-92318 NEUMARKT GERMANY..... Addition ☐ Change ☐ Delete TITLE TITLE FLEISCHER, MANFRED NAME NAME STREET ADDRESS **INGOLSTADTER STRABE 51** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D-92318 NEUMARKT GERMANY Change □ Addition Delete TITLE TITLE HENLEIN, CARL A NAME NAME STREET ADDRESS TWO PERIMETER PARK SOUTH, SUITE 475 WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** PD Change ☐ Addition TITLE ☐ Delete TITLE FOUST, EARL R NAME STREET ADDRESS TWO PERIMETER PARK SOUTH, SUITE 475 WEST STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-7IP **VPTS** 🔀 Addition VP CFO TITLE Change PRICE LARRY & JR. FOUST, EARL R TWO PERIMETER PARK SOUTH, SUITE 475 W TWO PERIMETER PARK SOUTH, SUITE 475 WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** BIRMWHAM. 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.