

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55722

1. Entity Name

W. LUDWIG MANUFACTURING, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90050 019 ***150.00

Principal Place of Business

Mailing Address

3313 TRENTWOOD BLVD.
#203
ORLANDO FL 32806
US

3313 TRENTWOOD BLVD.
#203
ORLANDO FL 32812-4848
US

340101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3313 Trentwood Blvd
Suite, Apt. #, etc.

3. Mailing Address

3313 Trentwood Blvd
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number 65-0194784

Applied For
Not Applicable

Zip 32812

Country USA

Zip 32812

Country USA

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

WOLFGANG LUDWIG
3313 TRANTWOOD BLVD.
ORLANDO FL 32812

(correction →

Name WOLFGANG

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LUDWIG, WOLFGANG	
STREET ADDRESS	3333 S. ORANGE AVE. #203	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUDWIG, FRANZ	
STREET ADDRESS	6500 MAINZ-GONSENHEIM	
CITY-ST-ZIP	MAINZ GERMANY WEST	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CORRECTION

Correction

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Ludwig, Wolfgang	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3313 Trentwood Blvd	
STREET ADDRESS	Orlando, FL 32812	
CITY-ST-ZIP		
TITLE	Ludwig, Franz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 Budenheimer strabe	
STREET ADDRESS	mainz-gosenheim	
CITY-ST-ZIP	mainz 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)