

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90009 041 ****61.25

DOCUMENT # N00000001183**1. Entity Name****EUROPEAN CHAMBER OF COMMERCE OF SOUTHWEST FLORIDA, INC.****Principal Place of Business**15272 BRIARCREST CIRCLE
FORT MYERS FL 33912**Mailing Address**15272 BRIARCREST CIRCLE
FORT MYERS FL 33912**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0996959

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SHIPP, THOMAS E JR.
4223 DEL PRADO BLVD
CAPE CORAL FL 33904**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

FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **DETHLEFSEN, FRANK U**
STREET ADDRESS **15272 BRIARCREST CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**TITLE **D** ☐ Delete
NAME **SCHNEIDER-CHRISTIANS, MICHAEL**
STREET ADDRESS **15272 BRIARCREST CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**TITLE **D** ☐ Delete
NAME **WITTMANN, INGRID**
STREET ADDRESS **15272 BRIARCREST CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**TITLE **D** ☐ Delete
NAME **WITTMANN, WILHELM J**
STREET ADDRESS **15272 BRIARCREST CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**TITLE **D** ☐ Delete
NAME **HEINDL, FRIEDRICH G**
STREET ADDRESS **15272 BRIARCREST CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/01)