

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90214 012 ***150.00

DOCUMENT # P00000000510

1. Entity Name
ARKONIA, INC.



Principal Place of Business
**4275 CASTLEBRIDGE LN
1324
SARASOTA FL 34238**

Mailing Address
**2198 MAIN STREET
SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

5179 Indian Mound St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota

Zip

Country

Zip

34232

Country

FL

4. FEI Number

65-0971206

Applied For

Not Applicable

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

**BAUER, ELEONORE
5179 INDIAN ROUND ST
SARASOTA FL 34232**

Name

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

Street name is:

Indian Mound (not Round)

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

E. Bauer, Eleonore Bauer

03/24/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **HOFFMANN, MANFRED**
STREET ADDRESS **ZAPFENGASSE 3**
CITY-ST-ZIP **90491 NUMBERG, GERMANY**

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

TITLE **D** ☐ Delete
NAME **HOFFMANN, KARIN**
STREET ADDRESS **ZAPFENGASSE 3**
CITY-ST-ZIP **90491 NUMBERG, GERMANY**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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 REQUIRED
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manfred Hoffmann 03/28/03

Date

Daytime Phone #

941-342-9806

CR2E034 (10/02)