2001 UNIFOM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am DOCUMENT # P0000003755 **Secretary of State** UNIVERSAL AUTOMATA, INC. 01-29-2001 90051 044 ***150.00 Principal Place of Business Mailing Address 757 WIGGINS LAKES DRIVE 757 WIGGINS LAKES DRIVE #201 #201 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59 -36269<u>90</u> Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent SAMOUCE KOBERT SAMOUCE, ROBERT ESQ. Street Address (P.O. Box Number is Not Acceptable) 2375 TAMIAMI TRAIL NORTH **SUITE 308** 800 LAUREL OAK DRIVE SUITE 300 NAPLES FL 34103 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO, CB, D ☐ Change ☐ Delete TITLE TITLE HOLLER, KARL NAME NAME schhitt, erich 757 WIGGINS LAKE DRIVE #201 STREET ADDRESS STREET ADORESS #201 651 Wiggins Lake DR. Naples, Fl. 34110 NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE HOLLER, CONNIE NAME NAME SCHMITT, ELFRIEDE 757 WIGGINS LAKES DRIVE STREET ADDRESS STREET ADDRESS G51 WIGGINS LAKE DR. #201 NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL. 34110 ☐ Change **X** Addition ☐ Delete TITLE VP,D TITLE NAME NAME SCHMITT, SABINE M. STREET ADDRESS STREET ADDRESS 9-FORE-COURT PLYMOUTH NA 02360 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME HOLLER, CONNIE STREET ADDRESS STREET ADDRESS 757 WIGGING LAKE DR. # 201 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL. 34110 ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addit and 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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Name of SIGNING OFFICER OR DIRECTOR

Naviered Phone #

☐ Delete

☐ Change

☐ Addition