

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041780

1. Entity Name
SMP UNIVERSITY, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90318 043 ***150.00

Principal Place of Business
27725 OLD US 41 RD. #202
BONITA SPRINGS FL 34133-0053

Mailing Address
27725 OLD US 41 RD. #202
BONITA SPRINGS FL 34133-0053

724958



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3646010

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STERN, CHRISTIAN J
C/O IFEM (USA) INC.
24311 WALDEN CENTER DRIVE STE 202
BONITA SPRINGS FL 34134

Name STERN CHRISTIAN J.
Street Address (P.O. Box Number is Not Acceptable)
C/O IFEM MANAGEMENT CONSULTANTS, INC.
27725 OLD 41 RD. #202
City BONITA SPRINGS, FL 34135 FL Zip Code 34135

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

CHRISTIAN J. STERN

1-3-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	President + Guenther Pipp
STREET ADDRESS		STREET ADDRESS	Kirchstr. 3
CITY-ST-ZIP		CITY-ST-ZIP	Kuesnacht, CH-8700, Switzerland
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Treasurer Christoph Keller
STREET ADDRESS		STREET ADDRESS	Kirchstr. 3
CITY-ST-ZIP		CITY-ST-ZIP	Kuesnacht, CH-8700, Switzerland
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 address, with all other like empowered.

SIGNATURE: GUENTHER PIPP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-01 941-498-5477

CR2E034 (10/00)