

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90243 022 \*\*\*150.00

**DOCUMENT # P02000104729**



1. Entity Name  
**TRUEGGELMANN CORPROATION**

Principal Place of Business  
**7414 PONCE DE LEON ST  
SARASOTA FL 34243**

Mailing Address  
**7414 PONCE DE LEON ST  
SARASOTA FL 34243**



2. Principal Place of Business

**2220 TRADE CENTER WAY**

3. Mailing Address

**2220 TRADE CENTER WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**NAPLES, T**

City & State  
**NAPLES, T**

4. FEI Number

**52-2381753**

Applied For

Not Applicable

Zip

Country  
**FLORIDA**

Zip

Country  
**FLORIDA**

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

**LABRANCHE, ALAN E  
7414 PONCE DE LEON ST  
SARASOTA FL 34243**

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. I am familiar with, and accept the obligations of registered agent.

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 \$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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TRUEGGELMANN, HORST</b>
STREET ADDRESS	<b>HEIDGRUNDWEG 104-108</b>
CITY-ST-ZIP	<b>BIELEFELD, GERMANY 33689</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HARTMANN, KLAUS</b>
STREET ADDRESS	<b>SCHARBEUTREI ST 27-A</b>
CITY-ST-ZIP	<b>SCHARBEUTZ, GERMANY 23684</b>
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Alan E Labranche*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HARTMANN**

**20.04.04 1-800 732 0029**

Date Daytime Phone #

CFR2E034 (10/02)