

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90122 034 ***150.00

DOCUMENT # P02000127457

1. Entity Name

TREPEL AIRPORT EQUIPMENT, INC.



Principal Place of Business

1230 PEACHTREE ST NE
SUITE 3100
ATLANTA GA 30309-3592

Mailing Address

1230 PEACHTREE ST NE
SUITE 3100
ATLANTA GA 30309-3592

2. Principal Place of Business

4434 Winderwood Circle

Suite, Apt. #, etc.

3. Mailing Address

4434 Winderwood Circle

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32835

Country

USA

Zip

32835

Country

USA

4. FEI Number

03-0506015

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

NRAI SERVICES, INC.

526 EAST PARK AVE

TALLAHASSEE FL 32301

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. 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

TITLE	President / Treasurer	<input type="checkbox"/> Delete
NAME	Roland Klotz	
STREET ADDRESS	Hagenauer Strasse 42	
CITY-ST-ZIP	D-65203 Wiesbaden, Germany	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Ed Hightower	
STREET ADDRESS	4434 Winderwood Circle	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Hans-Michael Kraus	
STREET ADDRESS	1230 Peachtree St., NE, Suite 3100	
CITY-ST-ZIP	Atlanta, GA 30309-3592	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Roland Klotz	
STREET ADDRESS	Hagenauer Strasse 42	
CITY-ST-ZIP	D-65203 Wiesbaden Germany	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

Hans-Michael Kraus, Secretary

2/18/03

404-815-3754

Date

Daytime Phone #

CR2E034 (10/02)