

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90101 034 ***550.00

DOCUMENT # P31618

1. Entity Name
WETERINGWEG VASTGOED B.V. COMPANY

Principal Place of Business

F.I. GREY & SON, INC.
6328 U.S. HIGHWAY 19
NEW PORT RICHEY FL 34652
US

Mailing Address

F.I. GREY & SON, INC.
6328 U.S. HIGHWAY 19
NEW PORT RICHEY FL 34652
US

2. Principal Place of Business

6709 Ridge Road

Suite, Apt. #, etc.

Suite 111

City & State

Port Richey, FL

Zip

34668

Country

Pasco

3. Mailing Address

6709 Ridge Road

Suite, Apt. #, etc.

Suite 111

City & State

Port Richey, FL

Zip

34668

Country

Pasco



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3025866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAVID P. PARRIS / F.I. GREY & SON, INC.
6328 U.S. HIGHWAY 19
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name **David P. Parris/NAI Krauss Org.**
 Street Address (P.O. Box Number is Not Acceptable)
6709 Ridge Road
Suite 111
 City **Port Richey, FL** Zip Code **34668**

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 *David Parris*
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **P** ☐ Delete
 NAME **ZEGWAARD, WILLEM**
 STREET ADDRESS **SCHIEWEG 15, DELFT**
 CITY-ST-ZIP **THE NETHERLANDS**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02 *729 834 9300*
 Date Daytime Phone #

CR2E034 (4/02)