

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91158 011 \*\*\*150.00

0691241 FP

**DOCUMENT # P93000041983**

1. Entity Name  
**KAMO INVESTMENT GROUP U.S.A., INC.**



Principal Place of Business  
**382 FIFTH AVENUE  
NAPLES FL 33940**

Mailing Address  
**382 FIFTH AVENUE  
NAPLES FL 33940**

2. Principal Place of Business  
**480 6th Street South**  
Suite, Apt. #, etc.

3. Mailing Address  
**480 6th Street South**  
Suite, Apt. #, etc.

City & State  
**Naples FL**

City & State  
**Naples FL**

4. FEI Number  
**65-0439859**

Applied For  
Not Applicable

Zip  
**34102**  
Country  
**USA**

Zip  
**34102**  
Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TODD, GUDRUN  
382 FIFTH AVENUE SOUTH  
NAPLES FL 33940**

**7. Name and Address of New Registered Agent**

Name  
**TODD, GUDRUN R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**480 6th Street South**  
City  
**Naples** **FL** Zip Code  
**34102**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JURS, KAY H</b> <b>SIVERSHUETTENER STRASSE 29</b> <b>KATTENDORF GR 24568</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JURS, MONIKA</b> <b>SIEVERSHUETTENER STR 29</b> <b>KATTENDORF GR 24568</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JURS, THORSTEN</b> <b>SIEVERSHUETTENER STR.29</b> <b>KATTENDORF GR 24568</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/23/03 (239)2610808**  
Date Daytime Phone #

CR2E034 (10/02)