FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90069 014 ***150.00

DOCUMENT # P94000010533

1. Entity Name
Cottbus Consult of Florida, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 73rd Street
Suite, Apt. #, etc.
City & State Holmes Beach
Zip 34217 Country

3. Mailing Address
100 73rd Street
Suite, Apt. #, etc.
City & State Holmes Beach
Zip 34217 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650469921 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name John Dumbaugh
Street Address (P.O. Box Number is Not Acceptable) 1900 Ringling Blvd.
City Sarasota FL Zip Code 34236

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 ____________
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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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
NAME	Thorsten Huelquest
STREET ADDRESS	606 Dundee Ln
CITY-ST-ZIP	Holmes Beach, FL 34217
TITLE	VP
NAME	Paul Huelquist
STREET ADDRESS	606 Dundee Ln
CITY-ST-ZIP	Holmes Beach, FL 34217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #