2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025516

1. Entity Name

HUBERT NEUNER INVESTMENTS, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State
01-29-2000 90131 042 ***150.00

Principal Place of Business	Mailing Address
888 BLVD OF THE ARTS APT. #1805 SARASOTA FL 34236 US	87600 KAUFBEUREN ~~APT 1805~~ GERMANY ~~US~~ MEISTER-JORG-STR-4

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	MEISTER-JORG-STR-4
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: 87600 KAUFBEUREN
Zip / Country	Zip / Country: GERMANY

4. FEI Number 65-0487782 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUMBAUGH, JOHN D
1900 RINGLING BLVD
SARASOTA FL 34236

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.

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NEUNER, HUBERT 1900 RINGLING BLVD SARASOTA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NEUNER, MARKUS 1900 RINGLING BLVD SARASOTA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] 1-25-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HUBERT NEUNER