2000 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P9400066266** P. SEITZ IMPORT CORPORATION 01-29-2000 90101 049 ***150.00 Mailing Address Principal Place of Business PO BOX 1112 511GRAND AVE LEHIGH ACRES FL 33970-1112 LEHIGH ACRES FL 33972 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0516269 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEITZ, PETER Street Address (P.O. Box Number is Not Acceptable) 511 GRANT AVE **LEHIGH ACRES FL 33972** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSTD ☐ Change ☐ Addition TITLE ☐ Delete TITLE SETIZ, PETER NAME NAME STREET ADDRESS 511 GRAND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL Addition Change Change TITLE ☐ Delete TITLE NAME SETIZ. LINA NAME STREET ADDRESS 511 GRAND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF LEHIGH ACRES FL 33936 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE THIE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

1.24.00 941-368-2