

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075143

1. Entity Name

SIGMAR INTERNATIONAL SERVICES, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90124 049 \*\*\*150.00

Principal Place of Business      Mailing Address  
1000 NORTH OCEAN BLVD.      4900 NORTH OCEAN BLVD.  
SUITE 1610      SUITE 1610  
FT. LAUDERDALE FL 33308      FT. LAUDERDALE FL 33308-2938

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0561383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYLONG, SUEGRID U  
4900 N. OCEAN BLVD.  
SUITE 1610  
FT. LAUDERDALE FL 33308

Name Siegrid U. Clemens Morris

Street Address (P.O. Box Number is Not Acceptable)

Same

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

Siegrid U. Clemens Morris

4-15-2000

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 PSTD  
NAME DYLONG, SIEGRID U  
STREET ADDRESS 4900 N. OCEAN BLVD. #1610  
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☒ Delete

TITLE PSTD  
NAME Siegrid U. Clemens Morris ☒ Change ☐ Addition  
STREET ADDRESS Same  
CITY-ST-ZIP Same

TITLE VD  
NAME MORRIS, WARD A  
STREET ADDRESS 4900 N. OCEAN BLVD. #1610  
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

WARD A MORRIS

WARD A MORRIS, Vice Pres 3/21/00

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #