

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 20, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P95000014057****1. Entity Name**  
VANSTAHL U.S.A., INC.

Principal Place of Business	Mailing Address
2198 MAIN ST SUITE #303 SARASOTA 34237 US	2198 MAIN ST SUITE #303 SARASOTA 34237 US

2. Principal Place of Business	3. Mailing Address
2198 MAIN ST	2198 MAIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
SARASOTA FL	SARASOTA FL	<b>65-0560330</b>	<input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
34237	US	34237	US

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**

**JAENSCH PETER J**  
2198 MAIN ST  
  
SARASOTA FL  
34237 US

**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)

**03/20/2000**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete	D LETOUCHE JEANINE	913 MCEWEN DR	FL 34229
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	VAN HULLE PASCAL	913 MCEWEN DR.	FL 34229		
P	VAN HULLE MARCEL	913 MCEWEN DR.	FL 34229		
<input type="checkbox"/> Change					
<input type="checkbox"/> Change					
<input type="checkbox"/> Change					
<input type="checkbox"/> Change					
<input type="checkbox"/> Change					

**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** JEANINE LETOUCHE

D 03/20/2000