2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P95000033462(9) May 26, 2000 8:00 am 1. Entity Name Secretary of State THE DEARING CORPORATION 05-26-2000 90125 013 ***150.00 Principal Place of Business Mailing Address 1507 SE 47TH TERRACE 1507 SE 47TH TERRACE CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business 825 SE 47TH TERRACE 1429 SW 57TH TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State CAPE CORAL FL 65-0601386 Not Applicable CAPE CORAL_E Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33914 US 33904 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHAW > CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 1031 CAPE CORAL PARKWAY CAPE CORAL FL 33904 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9.—This corporation is eligible to satisfy its intangible. \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD K Change Addition DPST ☐ Delete TITLE DEWITZ, ARTHUR ILMENAUER STR. 17, D-96450 NAME NAME DEWITZ, ARTHUR STREET ADDRESS STREET ADDRESS ILMENAUER STR. 17, D-96450 COBURG, GERMANY CITY-ST-ZIP CITY-ST-ZIP COBURG, GERMANY Change ▼ Addition ☐ Delete TITLE TITLE NAME DEWITZ, KARIN ILMENAUER STR. 17, D-96450 NAME STREET ADDRESS STREET ADDRESS COBURG, GERMANY CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Channe ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 suppliemental 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.