

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000033462

4. Entity Name

THE DEARING CORPORATION

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90191 036 \*\*\*150.00

0384436

Principal Place of Business

1429 SW 57TH TERRACE  
CAPE CORAL FL 33914  
US

Mailing Address

825 SE 47TH TERRACE  
CAPE CORAL FL 33904  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 65-0601386

Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAW, CLAUDIA  
1031 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

SHAW, CLAUDIA

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

825 SE 47TH TERRACE

City

CAPE CORAL

FL

Zip Code  
33904

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, 2001 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  
PTD  
DEWITZ, ARTHUR  
ILMENAUER STR. 17, D-96450  
COBURG, GERMANY ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DEWITZ, KAREN  
ILMENAUER STR 17, D-96450  
COBURG, GERMANY ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR DEWITZ

Date

04/24/01

Daytime Phone #

CR2E034 (10/00)