2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000047700** Jan 19, 2000 8:00 am **Secretary of State** ERDTMANN & PARTNERS, INC. 01-19-2000 90201 033 ***150.00 Principal Place of Business Mailing Address 80 ROGERS ST 80 ROGERS ST 12 B CLEARWATER FL 33756 CLEARWATER FL 33756-5296 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3321292 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name ERDTMANN, STEFAN Street Address (P.O. Box Number is Not Acceptable) 80 ROGERS ST. SUITE 12 B CLEARWATER FL 33756 Zip Code FL 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 DATE 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME NAME ERDTMANN, LOTHAR STREET ADDRESS STREET ADDRESS **80 ROGERS STREET** CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ERDTMANN, STEFAN NAME STREET ADDRESS STREET ADDRESS **80 ROGERS STREET** CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ERDTMANN, RAINER NAME STREET ADDRESS **UERDINGER STREET, 231-47800** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KREFELD, GERMANY ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ 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 filing does not of alify 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 attachme