2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rec changed, or on an attached

SIGNATURE:

FILED Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P95000047700 **ERDTMANN & PARTNERS, INC.** 01-17-2001 90069 028 ***158.75 Principal Place of Business Mailing Address 80 ROGERS ST 80 ROGERS ST 12 B 12 B CLEARWATER FL 33756 CLEARWATER FL 33756 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3321292 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ERDTMANN, LOTHAR ERDTMANN, STEFAN Street Address (P.O. Box Number is Not-Acceptable) 80 ROGERS ST. SUITE 12 B SUITE 12B **CLEARWATER FL 33756** CLEARWATER 33756 8. The above named erlit submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida ERDTMANN Fau. 8, 2001 SIGNATURE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. Change ☐ Addition TITLE ☐ Delete ERDTMANN, LOTHAR NAME NAME **80 ROGERS STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** TITLE ☐ Delete TITLE ☐ Change ☐ Addition ERDTMANN, STEFAN NAME NAME **80 ROGERS STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ST ☐ Change ☐ Addition TITLE : ☐ Delete ERDTMANN, RAINER NAME NAME STREET ADDRESS **UERDINGER STREET, 231-47800** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KREFELD, GERMANY ☐ Delete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of the