

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059471

1. Entity Name

STEINHAUSEN, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90064 040 ***150.00

Principal Place of Business

9603 TOWANDA LN
PORT RICHEY FL 34668
US

Mailing Address

9603 TOWANDA LN
PORT RICHEY FL 34668-4137
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3332000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINHAUSEN, WALDTRAUT
13402 BOLTON CT
SUITE 3170
SPRING HILL FL 34609

Name

STEINHAUSEN WALDTRAUT

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

9603 TOWANDA LN

City

PORT RICHEY

FL

Zip Code

34668

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, 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 PST
NAME STEINHAUSEN, WALDTRAUT
STREET ADDRESS 13402 BOLTON COURT
CITY-ST-ZIP SPRING HILL FL 33609 ☐ Delete

TITLE V
NAME STEINHAUSEN, HELLMUTH
STREET ADDRESS 13402 BOLTON COURT
CITY-ST-ZIP SPRING HILL FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE V
NAME WALDTRAUT STEINHAUSEN
STREET ADDRESS 9603 TOWANDA LN
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Change ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

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:

Steinhausen Waldtraut / WALDTRAUT STEINHAUSEN

Date

Daytime Phone #

1-7-2000 / 727-816-

9448