

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082428

1. Entity Name

DUTCHMASTER, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90199 040 ***150.00

Principal Place of Business

5180 ROYAL PALM BCH. BLVD.
ROYAL PALM BCH. FL 33411

Mailing Address

5180 ROYAL PALM BCH. BLVD.
ROYAL PALM BCH. FL 33470-2574

2. Principal Place of Business

19867 Black Falcon rd

3. Mailing Address

19867 Black Falcon rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee FL

City & State

Loxahatchee FL

4. FEI Number

65-0620017

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33470

Country

USA

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

BURGGRAAF, WILLEM
5180 ROYAL PALM BCH BLVD
ROYAL PALM BEACH FL 33411

New address
↓ →

Name ~~Willem Burggraaf~~

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

19867 Black Falcon rd.

City Loxahatchee

FL

Zip Code

33470

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BURGGRAAF, WILLEM	
STREET ADDRESS	5180 ROYAL PALM BEACH BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

SIG ~~Willem Burggraaf~~ Willem Burggraaf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00 561-714-5657

CR2E034 (9/99)