

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003699

1. Entity Name

PTH (USA), INC.

Principal Place of Business

Mailing Address

25501 Trost Boulevard
Bonita Springs, FL 34135
USA

25501 Trost Boulevard
Bonita Springs, FL 34135
USA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-0631954

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Albert, Rose
25501 Trost Boulevard
Bonita Springs, FL 34135

7. Name and Address of New Registered Agent

Name
Paul Caldwell

Street Address (P.O. Box Number is Not Acceptable)
Caldwell Law Firm, P.A.

4415 METRO PARKWAY S# 110

City
Ft. Myers

FL

Zip Code
33916

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
PAUL CALDWELL
Paul Caldwell

08/25/2000

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 \$650.00
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	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	☒ Change ☐ Addition
NAME	Trost-Hein Patricia	
STREET ADDRESS	12322 Isabella Drive	
CITY-ST-ZIP	Bonita Springs, FL 34135	☐ Change ☐ Addition
TITLE	VPD	☐ Change ☒ Addition
NAME	Klees, Dieter	
STREET ADDRESS	12322 Isabella Drive	
CITY-ST-ZIP	Bonita Springs, FL 34135	☐ Change ☐ Addition
TITLE	SD	☐ Change ☒ Addition
NAME	Carpenter-Sandifer Chris	
STREET ADDRESS	470 Bermuda Cove Way #102	
CITY-ST-ZIP	Naples, FL 34110	☐ 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: CHRIS Carpenter-Sandifer
Chris Carpenter-Sandifer

08/25/2000

Date

Daytime Phone #

CR2E034 (9/99)

8/29