

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000048888**

1. Entity Name

THE DEARING CORPORATION II**FILED**
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90930 006 ***150.00

Principal Place of Business

Mailing Address

1507 SE 47TH TERR
CAPE CORAL FL 33904
US1503 SE 47 TER.
CAPE CORAL FL 33904-9639
US

2. Principal Place of Business

3. Mailing Address

1429 SW 57TH TERRACE

825 SE 47TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL FLCity & State
CAPE CORAL FLZip
33914Country
USZip
33904Country
US

4. FEI Number 65-0808440

Applied For
Not Applicable5. 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

SHAW, CLAUDIA
1031 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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 State10. 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 ☐ Delete
NAME DEWITZ, ARTHUR
STREET ADDRESS ILMENAUER STR. 17, D-96450
CITY-ST-ZIP COBURG, GERMANYTITLE PTD ☒ Change ☐ Addition
NAME DEWITZ, ARTHUR
STREET ADDRESS ILMENAUER STR. 17, D-96450
CITY-ST-ZIP COBURG, GERMANYTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Change ☒ Addition
NAME DEWITZ, KARIN
STREET ADDRESS ILMENAUER STR 17, D-96450
CITY-ST-ZIP COBURG, GERMANYTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)