


DOCUMENT # P96000049484									
1. Entity Name RODENBACH INVESTMENT, INC.									
Principal Place of Business C/O EURO-AMERICAN CONSULTING INC 4001 TAMiami TRAIL N.. #265 NAPLES FL 34103 US				Mailing Address C/O EURO-AMERICAN CONSULTING INC 4001 TAMiami TRAIL N.. #265 NAPLES FL 34103-8733 US					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent									
EURO-AMERICAN CONSULTING, INC. 4001 TAMiami TRAIL NORTH STE 265 NAPLES FL 33940						Name			
						Street Address ()			
						City			
8. The above named entity submits this statement for the purpose of changing its registered office or register									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required)									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>						FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			
11. OFFICERS AND DIRECTORS								12.	
TITLE	DPST					<input type="checkbox"/> Delete		TITLE	
NAME	DOMINIQUE RODENBACH							NAME	
STREET ADDRESS	3233 DUCHESS DR							STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL							CITY-ST-ZIP	
TITLE						<input type="checkbox"/> Delete		TITLE	
NAME								NAME	
STREET ADDRESS								STREET ADDRESS	
CITY-ST-ZIP								CITY-ST-ZIP	
TITLE						<input type="checkbox"/> Delete		TITLE	
NAME								NAME	
STREET ADDRESS								STREET ADDRESS	
CITY-ST-ZIP								CITY-ST-ZIP	
TITLE						<input type="checkbox"/> Delete		TITLE	
NAME								NAME	
STREET ADDRESS								STREET ADDRESS	
CITY-ST-ZIP								CITY-ST-ZIP	
TITLE						<input type="checkbox"/> Delete		TITLE	
NAME								NAME	
STREET ADDRESS								STREET ADDRESS	
CITY-ST-ZIP								CITY-ST-ZIP	

0 2 0 2 5 1



4. FEI Number 65-0674618	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DOMINIQUE RODENBACH 3233 DUCHESS DR NAPLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 Date

Date _____

Daytime Phone #

CR2E034 '9/99'