

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90365 014 ***150.00

DOCUMENT # P96000060952

1. Entity Name

FIDDLESTICK FINANCE & PROPERTIES INC.

Principal Place of Business

Mailing Address

~~1858 RINGLING BLVD.~~
~~SARASOTA FL 34236~~

2054 OYSTER CREEK DR
ENGLEWOOD FL 34224

~~1858 RINGLING BLVD.~~

~~SARASOTA FL 34236~~

64404 BICKENBACH
GERMANY

2. Principal Place of Business

2054 OYSTER CREEK DR

Suite, Apt. #, etc.

3. Mailing Address

RING STR. 6

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

City & State

64404 BICKENBACH

4. FEI Number

65-0685364

Applied For

Not Applicable

Zip

34224

Country

U.S.A.

Zip

Country

GERMANY

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~GLENDINNING, RENE M~~
~~1858 RINGLING BLVD.~~
~~SARASOTA FL 34236~~

7. Name and Address of New Registered Agent

Name **CARROLL S. BARCO JR.**

Street Address (P.O. Box Number is Not Acceptable)
BARCO'S ACCOUNTING AND TAX SERVICE

1861 PLACER RD. #201

City **ENGLEWOOD**

FL

Zip Code **34223**

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, 2002 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 **D** ☐ Delete
 NAME **SCHER, WOLFGANG**
 STREET ADDRESS **2054 OYSTER CREEK DR**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☒ Delete
 NAME **SCHER, KARIN**
 STREET ADDRESS **2054 OYSTER CREEK DR**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

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 **DIRECTOR** ☐ Change ☒ Addition
 NAME **LOWITSCH, DIETHELM**
 STREET ADDRESS **2054 OYSTER CREEK DR.**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)