

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063683

1. Entity Name

PRIVILEGES INTERNATIONAL, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90047 003 ***150.00

Principal Place of Business

Mailing Address

~~1505 S.E. 40TH STREET~~
~~SUITE C~~
~~CAPE CORAL FL 33904~~

~~1505 S.E. 40TH STREET~~
~~SUITE C~~
~~CAPE CORAL FL 33904-7013~~
~~US~~

2. Principal Place of Business

28000 SPANISH WELLS BLVD
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 279
Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

Zip

Country

Zip

Country

Zip

34135

6. Name and Address of Current Registered Agent

~~H S BLAIR & ASSOCIATES INC~~
~~1505 SE 40TH STREET, STE C~~
~~CAPE CORAL FL 33904~~

4. FEI Number

65-0738804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

JAMES W. AMBURN

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

28000 SPANISH WELLS BLVD.

City

BONITA SPRINGS

FL

Zip Code

34135

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

TITLE

D

☐ Delete

NAME

WALCHHOFFER, NORBERT

STREET ADDRESS

~~ALTE-BUHLHOFSTRASSE 2,~~

CITY-ST-ZIP

~~CH 8300 OBERWIL, SWITZERLAND~~

TITLE

D

☒ Delete

NAME

LA ROCCO, ROBERT

STREET ADDRESS

~~1505 SE 40TH STREET, SUITE C~~

CITY-ST-ZIP

~~CAPE CORAL FL 33904~~

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☒ Change

☐ Addition

NAME

P.O. Box 1872

STREET ADDRESS

MARCO Island, FL 34146

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

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☐ 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 #

3-14-00

84-992-3355

CR2E034 (9/99)