FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90032 019 ***150.00

DOCUMENT # P97000018309

1. Entity Name
MOSCH Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3431 Pine Ridge Road	3431 Pine Ridge Road
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Naples, FL	City & State Naples, FL
Zip 34109 Country Collier	Zip 34109 Country Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3514647 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John P. White

Street Address (P.O. Box Number is Not Acceptable): 3431 Pine Ridge Road, Suite 101

City: Naples FL Zip Code: 34109

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 _____ 4-30-02
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) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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
NAME	Schenrich, Wilnelm monika
STREET ADDRESS	chemin de Begaux 8, Chaill-Monteau CH-1816
CITY-ST-ZIP	Switzerland, Germany OC
TITLE	D
NAME	Lohmann, Eui
STREET ADDRESS	Langenstaett Erweg 8
CITY-ST-ZIP	Berlin, Germany OC
TITLE	D
NAME	White, John P.
STREET ADDRESS	3431 Pine Ridge Road, Suite 101
CITY-ST-ZIP	Naples, FL 34109
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-30-02 (941) 566-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #