

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058316

1. Entity Name

3 W-INTERNATIONAL, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90024 046 ***150.00

Principal Place of Business
11583 SW 72ND CIRCLE
OCALA FL 34476

Mailing Address
PO BOX 76268
OCALA FL 34481-0268

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3456417

Applied For

Not Applicable

5. 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

MUELLER, LYNNE G
11583 SW 72ND CIRCLE
OCALA FL 34476

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 State

10. 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 MUELLER, LYNNE G
STREET ADDRESS 11583 SW 72ND CIRCLE
CITY-ST-ZIP Ocala FL 34476

TITLE C/D/P/S/T ☒ Change ☐ Add
NAME MUELLER, LYNNE G
STREET ADDRESS 11583 SW 72ND CIRCLE
CITY-ST-ZIP Ocala FL 34476

TITLE D ☒ Delete
NAME GWIASDA, WOLFGANG E
STREET ADDRESS ULMENSTRASSE 14
CITY-ST-ZIP 28832 ACH 17 GERMANY

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

TITLE D ☒ Delete
NAME WACKER, BERND
STREET ADDRESS MITTLEWEG 10 28832 ACHIM-BADEN
CITY-ST-ZIP GERMANY

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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: *Lynne G. Mueller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNNE G. MUELLER

Date

1/17/00 (352) 861

Daytime Phone # 0213