

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90015 036 \*\*\*150.00

0386054

**DOCUMENT # P97000093394**

1. Entity Name

**ASSMANN FLORIDA INTERNATIONAL, INC.**

Principal Place of Business

**12800 UNIVERSITY DR  
SUITE 240  
FORT MYERS FL 33907**

Mailing Address

**12800 UNIVERSITY DR  
SUITE 240  
FORT MYERS FL 33907**

2. Principal Place of Business

**12800 University Drive**

Suite, Apt. #, etc.

**Suite 340**

City & State

**Ft. Myers, FL**

3. Mailing Address

**12800 University Drive**

Suite, Apt. #, etc.

**Suite 340**

City & State

**Ft. Myers, FL**

Zip

**33907**

Country

Zip

**33907**

Country

4. FEI Number

**59-3500202**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TRUXTON, GREGG S  
12800 UNIVERSITY DR SUITE 240  
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

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

**12800 University Drive, Suite 340**

City

**Ft. Myers**

FL

Zip Code  
**33907**

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

*Gregg S. Truxton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/28/01**

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, 2001 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 **PSD** ☐ Delete  
NAME **HENNING, BRIGITTE**  
STREET ADDRESS **12800 UNIVERSITY DR SUITE 240**  
CITY-ST-ZIP **FORT MYERS FL 33907**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **12824 Yacht Club Circle Suite 340**  
CITY-ST-ZIP **Ft. Myers, FL 33919**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

*Brigitte Henning*  
**BRIGITTE  
HENNING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-01**

Date

**(941) 481-9885**

Daytime Phone #

CR2E034 (10/00)