2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE AND TYPED

SIGNATURE:

FILED DOCUMENT # **P97000093902** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name WESTERN ATLANTIC INTERNATIONAL, INC. 04-11-2000 90052 036 ***150.00 Principal Place of Business Mailing Address 5810 4TH STREET NORTH 5810 4TH STREET NORTH ST PETERSBBURG FL 33703 ST PETERSUBRG FL 33707-2815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. <u>1101 Pasadena Ave S</u> Pasadena Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 2A Applied For City & State City & State 4. FEI Number 59-3478947 Not Applicable South Pasadena. South Pasadena, Florida Florida Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 33707=2815 . A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>LEISER, KURT</u> LEISER, KURT Street Address (P.O. Box Number is Not Acceptable 1101 Pasadena Ave. S 5810 4TH STREET NORTH ST PETERSUBRG FL 33703 SUITE 2A 33787-2815 PASADENA 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST ☐ Change ☐ Addition TITLE TITLE ☐ Delete DILGER, ERROL EDMUND NAME NAME STREET ADDRESS GARTENSTRASSE 12, D-89179 STREET ADDRESS CITY-ST-ZIP BEIMERSTETTEN, GERMANY CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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