

2000 UNIFORM BUSINESS REPORT (UBR)

1/29/01

FILED
May 22, 2000 8:00 am
Secretary of State
 01-29-2000 90002 035 ***150.00

DOCUMENT # P98000002437

1. Entity Name

QUASIMIDI CORPORATION

Principal Place of Business

621 E. CAPE CORAL PKWY.
 CAPE CORAL FL 33904
 US

Mailing Address

621 E. CAPE CORAL PKWY.
 CAPE CORAL FL 33904-7515
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5008 SW 21st PL

CAPE CORAL, Florida

33914

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0806454

Applied For

Not Applied For

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEEMANN, ERNEST A ESQ
1105 CAPE CORAL PKWY. EAST, SUITE C
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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 Vice 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	<input type="checkbox"/> Delete
NAME	REICHSTEIN, JOERG	
STREET ADDRESS	EISENBAHNSTR. 13, D-35274	
CITY-ST-ZIP	KIRCHHAIN, GERMANY	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAAR, FRIEDHELM	
STREET ADDRESS	BIRKENST., D-35274	
CITY-ST-ZIP	KIRCHHAIN, GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered 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:

[Handwritten Signature]

Date

Daytime Phone #

941-945-8672