

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90240 008 \*\*\*150.00

**DOCUMENT # P98000005263**

1. Entity Name  
**LAUDENBERG USA, INC.**

Principal Place of Business

**1219 TALLEVAST ROAD  
 SARASOTA FL 34234**

Mailing Address

**1219 TALLEVAST ROAD  
 SARASOTA FL 34234**

2. Principal Place of Business

**1249 TALLEVAST ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**1249 TALLEVAST ROAD**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

4. FEI Number

**65-0917764**

Applied For

Not Applicable

\*Zip

**34243**

Country

**USA**

Zip

**34243**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, R. CHARLES  
 1219 TALLEVAST ROAD  
 SARASOTA FL 34234**

7. Name and Address of New Registered Agent

Name **MURRAY R. CHARLES**

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

**1249 TALLEVAST ROAD**

City

**SARASOTA**

**FL**

Zip Code

**34243**

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

*R Charles Murray*

**CEO**

**4-25-01**

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, 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	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, STUART C</b>	
STREET ADDRESS	<b>1219 TALLEVAST ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAUDENBERG, BERND</b>	
STREET ADDRESS	<b>BAHNSTRASSE 27, D-51688</b>	
CITY-ST-ZIP	<b>WIPPERFURTZ, GERMANY</b>	
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	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY STUART C</b>	
STREET ADDRESS	<b>1249 TALLEVAST ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
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		
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		

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:

*R Charles Murray*

**CEO**

**4/25/01**

**941 359 6678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)