

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017456

1. Entity Name

URS US-GERMAN RELATION SERVICES, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90328 036 ***150.00

Principal Place of Business

966 POINT SEASIDE DR
CRYSTAL BEACH FL 34681

Mailing Address

PO BOX 889
CRYSTAL BEACH FL 34681

2. Principal Place of Business

3603 4TH AVE. & GULF DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLMES BEACH

City & State

Zip

34217

Country

FLORIDA

Country

4. FEI Number

65-0820796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMANN, ECKEHARDT
966 POINT SEASIDE DR
PO BOX 889
CRYSTAL BEACH FL 34681

7. Name and Address of New Registered Agent

Name HAMANN, ECKEHARDT

Street Address (P.O. Box Number is Not Acceptable)
3603 4TH AVE. & GULF DRIVE

City HOLMES BEACH

FL

Zip Code

34217

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, 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 ☐ Delete
NAME D
STREET ADDRESS BRAUNE, ANJA
CITY-ST-ZIP PUENING 24
48351 EVERSINKEL, GERMANY

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 D
STREET ADDRESS BRAUNE, ANJA
CITY-ST-ZIP HAUS ROCKEL, POSTFACH 2103
48716 ROSENDAHL, GERMANY

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

A Braune

ANJA BRAUNE

02/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0556001

CR2E034 (10/00)