## 2000 UNIFORM & SINESS REPORT (UBR) FILED DOCUMENT # P98000019454 Aug 11, 2000 8:00 am Secretary of State 1. Entity Name INDUTEC REPAIRS USA, INC. 08-11-2000 90055 018 \*\*\*550.00 Principal Place of Business Mailing Address 2038 FOUR MILE COVE PARKWAY 2301 DEL PRADO BLVD CAPE CORAL FL 33990 STE 100 CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0818177 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS W. SEEMANN, ERNEST A Street Address (P.O. Box Number is Not Acceptable) 1105 CAPE CORAL PKWYEAST STE C **CORAL FL 33904** 1318 LAFAYETTE ST. 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 FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 ☐ Addition TITLE ☐ Delete TITLE NAME LUKOWSKI, JOACHIM NAME STREET ADDRESS STREET ADDRESS **BOELCKSTER 21-23** CITY-ST-ZIP CITY-ST-ZIP KERPEN, GERMANY 50171 Change Addition TITLE ☐ Delete TITLE HILL, THOMAL W. 1318 LAFAYETT & ST. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33904 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SUITATION ON W. HILL 8-8-00 Date

☐ Delete

Change

Addition