

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000024641

1. Entity Name

Sydow Corporation

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90095 010 ***150.00

Principal Place of Business

732 S.E. 47 Terr.
Cape Coral, FL 33904

Mailing Address

732 S.E. 47 Terr.
Cape Coral, FL 33904

LU045541

2. Principal Place of Business

1318 Lafayette St.

Suite, Apt. #, etc.

3. Mailing Address

1318 Lafayette St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-0819474

Applied For

Not Applicable

Zip

33904

Country

Zip

33904

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Amerilawyer
343 Almeria Ave.
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name

Hill, Thomas W.

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

1318 Lafayette St.

City

Cape Coral

FL

Zip 33904

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

Thomas W. Hill

Thomas W. Hill

3-1-00

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 2, 2000 Fee will be \$150.00

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 PD
NAME Sydow, Horst
STREET ADDRESS 602 S.W. 39 Ave.
CITY-ST-ZIP Cape Coral, FL 33914

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME Hill, Thomas W.
STREET ADDRESS 1318 Lafayette St.
CITY-ST-ZIP Cape Coral, FL 33914

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Thomas W. Hill

Thomas W. Hill

3-1-00

941-549-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #