

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025095

1. Entity Name

MULTI-BRAID, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90038 012 ***150.00

Principal Place of Business

Mailing Address

3 AVIATOR WAY STE. C
 ORMOND BEACH, FL 32174

3 AVIATOR WAY STE. C
 ORMOND BEACH, FL 32174

2. Principal Place of Business

3. Mailing Address

100 BUSINESS CENTER DRIVE

100 BUSINESS CENTER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 9

STE. 9

City & State

City & State

ORMOND BEACH, FL

ORMOND BEACH, FL

Zip

Country

Zip

Country

32174

VOLUSIA

32174

VOLUSIA

658789

DO NOT WRITE IN THIS SPACE

4. FEI Number

593500596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

HANS-HERBERT TRAPP

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

23 WINDING WOODS TRAIL

City

ORMOND BEACH

FL

Zip Code

32174

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Delete
 NAME HEATER W. NEWSLOW
 STREET ADDRESS SAN JOSE DR.
 CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE PRESIDENT ☒ Change ☐ Addition
 NAME HANS-HERBERT TRAPP
 STREET ADDRESS 23 WINDING WOODS TRAIL
 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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:

HANS-HERBERT TRAPP

04-26-01 904-677-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)