2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90005 016 ***150.00

DOCUMENT # P98000033750

Entity Name
WORO Corporation of Cape Coral

Principal Place of Business	Mailing Address
1953 Colonial Blvd. Ft. Myers, FL 33907	1953 Colonial Blvd. Ft. Myers, FL 33907

B00030414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2221 SW 43rd Lane	2221 SW 43rd Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33914 Country: USA	Zip: 33914 Country: USA

4. FEI Number: 65-0833906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional *Fee Required*

6. Name and Address of Current Registered Agent
Derouen, Shelly A.
1953 Colonial Blvd.
Ft. Myers, FL 33907

7. Name and Address of New Registered Agent
Name: Pennylynn A. Trealout, CPA
Street Address (P.O. Box Number is Not Acceptable): 1100 Pondella Road, Unit # 514
City: North Fort Myers FL Zip Code: 33903

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.

Pennylynn A. Trealout, CPA [signature] Pennylynn A. Trealout, CPA 4-25-00
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 1, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DTP Bremer, Wolfgang 1953 Colonial Blvd. Ft. Myers, FL 33907 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTP Bremer, Wolfgang 2221 SW 43rd Lane Cape Coral, FL 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDV Borcher-Bremer, Roswitha 1953 Colonial Blvd. Fort Myers, FL 33907 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDV Borcher-Bremer, Roswitha 2221 SW 43rd Lane Cape Coral, FL 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] Pennylynn A. Trealout, CPA, CPA POA 4-25-00 (941) 458-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #