

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000039099**

1. Entity Name

3D LASERTEC, INC.**FILED****Apr 03, 2000 8:00 am**
Secretary of State

04-03-2000 90123 017 ***150.00

Principal Place of Business

Mailing Address

~~5117 CASTELLO DRIVE #1~~
~~NAPLES FL 34103~~~~5117 CASTELLO DRIVE #1~~
~~NAPLES FL 34103~~

2. Principal Place of Business

3. Mailing Address

409 Gabriel Cir.
Suite, Apt. #, etc.
#6P.O. Box 279
Suite, Apt. #, etc.City & State
Naples, FLCity & State
Bonita Springs, FLZip
34104

Country

Zip

34133

Country

4. FEI Number **59-3505892**

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****AMBURN, JAMES W**~~5117 CASTELLO DRIVE #1~~
~~NAPLES FL 34103~~

Name

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

28000 Spanish Wells Blvd.

City Bonita Springs

FL

Zip Code
34135

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	BADER, HANS-OTTO	
STREET ADDRESS	5117 CASTELLO DR #1	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIEL, REINHARD	
STREET ADDRESS	5117 CASTELLO DR #1	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO BADER	
STREET ADDRESS	409 Gabriel Cir #6	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHARD THIEL	
STREET ADDRESS	409 Gabriel Cir #6	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULRICH KOENIG	
STREET ADDRESS	409 GABRIEL CIR #6	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL ALTHAMMER	
STREET ADDRESS	409 GABRIEL CIR #6	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. Koenig

MB Koenig

03-28-00

341-992-3355