

2000 UNIFORM BUSINESS REPORT (UBR)

4/11

FILED
Jun 21, 2000 8:00 am
Secretary of State

04-10-2000 90062 030 ***150.00

DOCUMENT # P98000039620			
1. Entity Name INDEPENDENT A/C, INC.			
Principal Place of Business 108 SE 39TH TERRACE CAPE CORAL FL 33904		Mailing Address 108 SE 39TH TERRACE CAPE CORAL FL 33904-8376	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0691801		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEROUEN, SHELLY A 1953 COLONIAL BLVD FT MYERS FL 33907		Name BERND H. STILLER SR.	
BERND H. STILLER SR. 108 SE 39TH TERRACE CAPE CORAL FL 33904		Street Address (P.O. Box Number is Not Acceptable) 108 SE 39TH TERRACE	
		City CAPE CORAL FL Zip Code 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 <i>Bernd Stiller</i>		BERND STILLER SR	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when rechartering)	
DATE 5-9-00		DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input checked="" type="checkbox"/>		\$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	PVST STILLER, BERND 108 SE 39TH TERRACE CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Bernd Stiller</i>		4-24-2000 94-549-2580	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)