## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # P98000046181 KOESEN - USA, INC. 05-08-2000 90106 003 \*\*\*150.00 Mailing Address Principal Place of Business 5893 ENTERPRISE PKWY. #B 5893 ENTERPRISE PKWY. #B FORT MYERS FL 33905-5002 FORT MYERS FL 33905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0857404 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZEHETNER, PETER Street Address (P.O. Box Number is Not Acceptable) 5893 ENTERPRISE PKWY. #B FORT MYERS FL 33905 City Zip Code 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. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE SCHACHE, HELMUT NAME STREET ADDRESS 5893 ENTERPRISE PKWY. #B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 Addition ☐ Change Delete NAME ZEHETNER, PETER NAME STREET ADDRESS 5893 ENTERPRISE PKWY. #B STREET ADDRESS CITY-ST-ZIP\_ CITY-ST-ZIP FORT-MYERS FL-33905-☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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