

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050279

1. Entity Name

SILVERSTAR OF SOUTHWEST FLORIDA, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90017 049 ***150.00

Principal Place of Business

Mailing Address

7736 SAVONA PARKWAY
CAPE CORAL FL 33904

1105 CAPE CORAL PKWY E.
STE C
CAPE CORAL FL 33904-9175

NOV10402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

65-0482121

Not Applicable

Zip

Country

Zip

Country

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

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

City

FL

Zip Code

WRIGHT, CHRISTINE F ESQ.
1105 CAPE CORAL PKWY E.
STE C
CAPE CORAL FL 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

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 | DP ERHARDT, HENRY 28277 BREMEN, WISCHMANNSTRASSE 3, GERMANY | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST ERHARDT, GERDA 28277 BREMEN, WISCHMANNSTRASSE 3, GERMANY | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ERHARDT, JEANNINE 28277 BREMEN, WISCHMANNSTRASSE 3, GERMANY FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ERHARDT, HENRY WISCHMANNSTRASSE 3 28277 BREMEN, GERMANY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST ERHARDT, GERDA WISCHMANNSTRASSE 3 28277 BREMEN, GERMANY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ERHARDT, JEANNINE WISCHMANNSTRASSE 3 28277 BREMEN, GERMANY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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

HENRY ERHARDT PRESIDENT

Date

Daytime Phone #

Jan. 28-2000 +14921849843