

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054070

1. Entity Name

SIP INTERNATIONAL MARKETING & SALES, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90005 012 ***550.00

Principal Place of Business

14769 OSPREY POINT DRIVE
FORT MYERS FL 33908

Mailing Address

14769 OSPREY POINT DRIVE
FORT MYERS FL 33908

2. Principal Place of Business

16950 Timberlakes Dr.
Suite, Apt. #, etc.

3. Mailing Address

16950 Timberlakes Dr.
Suite, Apt. #, etc.

City & State

Fort Myers, FL
Zip 33908 Country U.S.

City & State

Fort Myers, FL
Zip 33908 Country U.S.

4. FEI Number

65-0850752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRECHEL, SIMONE
14769 OSPREY POINT DR.
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name Prechel, Simone

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

16950 Timberlakes Drive

City Fort Myers

FL

Zip Code 33908

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

07-18-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PSTD ☐ Delete
NAME PRECHEL, SIMONE
STREET ADDRESS 14769 OSPREY POINT DRIVE
CITY-ST-ZIP FORT MYERS FL 33908

TITLE V ☐ Delete
NAME PRECHEL, OLIVER
STREET ADDRESS 14769 OSPEY POINT DR.
CITY-ST-ZIP FT. MYERS FL 33909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16950 Timberlakes Dr.
CITY-ST-ZIP Fort Myers, FL 33908

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16950 Timberlakes Dr.
CITY-ST-ZIP Fort Myers, FL 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-18-00 (941) 481 8600

Date

Daytime Phone #

CR2E034 (5/00)