

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90031 009 ***150.00

DOCUMENT # P98000056069

1. Entity Name

LIGNARIUS & PARTNER, INC.

Principal Place of Business

Mailing Address

**531 JOHNS PASS AVE
ST PETERSBURG FL 33712****531 JOHNS PASS AVE
ST PETERSBURG FL 33708-2368****00020242**

2. Principal Place of Business

3. Mailing Address

3639 Central Ave**3639 Central Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg FL**St. Petersburg FL**

Zip

Country

Zip

Country

33713-8434**USA****33713-8434****USA**

4. FEI Number

59-3546907

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

Name

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

100-2nd Ave. So, Suite 1201City **St. Petersburg****FL**Zip Code **33701**

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)

1-27-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
THEILER, PETER
WILERSTRASSE #3
WANGI SWITZERLAND CH -9545** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
wilerstrasse #3 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
SACHTLEBEN, HELGA
BOGAN STRASSE #6
NEUNKIRCHEN, GERMANY 53819** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOGEN STRASSE #6 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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☐ DeleteTITLE
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CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Jan 27, 2000 (727) 328 7871**
Date Daytime Phone #

CR2E034 (9/99)