

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086805

1. Entity Name

US-FIGHT, INC.

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

01-21-2000 90078 008 ***150.00

Principal Place of Business 846 S.E. 9TH STREET CAPE CORAL FL 33990	Mailing Address 846 S.E. 9TH STREET CAPE CORAL FL 33990-3219
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0873428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHMIDT, JUERGEN
846 S.E. 9TH STREET
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN. 14.00

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 \$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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHMIDT, JUERGEN	
STREET ADDRESS	158 S.E. 5TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHMIDT, PETRA	
STREET ADDRESS	158 S.E. 5TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SENFINGER, KLAUS	
STREET ADDRESS	1306 S.E. 16TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SENFINGER, HILTRUD	
STREET ADDRESS	1306 S.E. 16TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SCHMIDT, JUERGEN
PRESIDENT
SCHMIDT JUERGEN, JAN. 14.00, 842-574-7223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)