

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098259

1. Entity Name
EVB DEVELOPMENT+ MARKETING OF
BUILDING SYSTEMS CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

28000 Spanish Wells

Suite, Apt. #, etc.

BND.

City & State

Bonita Springs, FL

Zip

34135

Country

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34133

Country

4. FEI Number

65-0878483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0088182

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JAMES W. AMBURN

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

28000 SPANISH WELLS BLVD.

City

BONITA SPRINGS

FL

Zip Code

34135

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KERN KLAUS	
STREET ADDRESS	AM HIMMELFELD 2	
CITY-ST-ZIP	5640 MONTABAUER, GERMANY	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WOLFGANG BASS	
STREET ADDRESS	AHORNWEG 11	
CITY-ST-ZIP	89551 KOENIGSBRONN, GERMANY	
TITLE	DV	<input type="checkbox"/> Delete
NAME	H.-DIETER HILLE	
STREET ADDRESS	OSTENBERGSTR. 18	
CITY-ST-ZIP	31084 FREDEN, GERMANY	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	MICHAEL BASS	
STREET ADDRESS	WEIHERSTR 911	
CITY-ST-ZIP	89551 KOENIGSBRONN, GERMANY	
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
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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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

941-992-3355

Daytime Phone #

CR2E034 (9/99)