

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104918

1. Entity Name

UTESCHILL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

151 SOUTH SHORE COURT
CHANHASSEN MN 55317

151 SOUTH SHORE COURT
CHANHASSEN MN 55317-9318

2. Principal Place of Business

1210 INTERNATIONAL PKWY S.

3. Mailing Address

1210 INTERNATIONAL PKWY S.

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

114

City & State

LAKE MARY - HEATHROW, FL

City & State

LAKE MARY - HEATHROW, FL

Zip

32746

Country

FL-USA

Zip

32746

Country

USA

4. FEI Number

41-1923966

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

POHL, FRANK L ESQ.
POHL & SHORT, P.A.
280 W. CANTON AVENUE #410
WINTER PARK FL 32789

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

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	PD	<input type="checkbox"/> Delete
NAME	UTESCHILL, OLIVIER	
STREET ADDRESS	151 SOUTH SHORE COURT	
CITY-ST-ZIP	CHANHASSEN MN 55317	
TITLE	STD	<input type="checkbox"/> Delete
NAME	UTESCHILL, MARIE-FRANCE	
STREET ADDRESS	151 SOUTH SHORE COURT	
CITY-ST-ZIP	CHANHASSEN MN 55317	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	UTESCHILL, PIERRE E	
STREET ADDRESS	151 SOUTH SHORE COURT	
CITY-ST-ZIP	CHANHASSEN MN 55317	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	

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:

O. Uteschill OLIVIER UTESCHILL PRESIDENT

APR 28, 2000

407-805 8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90295 030 ***150.00

655749



DO NOT WRITE IN THIS SPACE

CR2E (034 (9/99))