

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026004

1. Entity Name

MAKOER INVESTMENTS, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90028 034 ***150.00

Principal Place of Business

1900 MAIN ST. STE 200
SARASOTA FL 34236

Mailing Address

1900 MAIN ST. STE 200
SARASOTA FL 34236-5949

2. Principal Place of Business

7180 Rue De Palisades

3. Mailing Address

7180 Rue De Palisades

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0911891

Applied For

Not Applicable

Zip

34238

Country

USA

Zip

34238

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUMBAUGH, JOHN D ESQ.
1900 RINGLING BLVD
SARASOTA FL 34236

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)

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 ☐ Delete
NAME D KOERPER, MANFRED G
STREET ADDRESS BERLINER STR. 106, 66424 HOMBURG / SAAR
CITY-ST-ZIP GERMANY

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Manfred G. Koerper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/00

Daytime Phone #

(941) 924-9156

CR2E034 (9/99)