

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039684

1. Entity Name

PFAUS CORPORTION

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90036 044 ***150.00

Principal Place of Business

Mailing Address

C/O PETRA DUMAIS
920 S.E. 16TH STREET
CAPE CORAL FL 33999

C/O PETRA DUMAIS
920 S.E. 16TH STREET
CAPE CORAL FL 33990-3428

2. Principal Place of Business

% Coldwell Banker/Petra Dumaïs

3. Mailing Address

% Coldwell Banker/Petra Dumaïs

Suite, Apt. #, etc.

3047 Estero Blvd.

Suite, Apt. #, etc.

3047 Estero Blvd.

City & State

Ft. Myers Beach, FL

City & State

Ft. Myers Beach, FL

Zip

33931

Country

USA

Zip

33931

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0915540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUMAIS, PETRA
920 S.E. 16TH STREET
CAPE CORAL FL 33999

7. Name and Address of New Registered Agent

Petra Dumaïs % Coldwell Banker
Street Address (P.O. Box Number is Not Acceptable)

3047 Estero Blvd.

City Ft. Myers Beach, FL

Zip Code 33931

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

Petra Dumaïs

2/5/00

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 ☐ Delete

NAME D
PFAUS, WERNER
STREET ADDRESS 4745 ESTERO BLVD., #503-A
CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE ☐ Delete

NAME D
PFAUS, ANNA
STREET ADDRESS 4745 ESTERO BLVD., #503-A
CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Werner Pfaus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00

Date

941-463-6555

Daytime Phone #

CR2E034 (9/99)