2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90012 001 ***150.00

DOCUMENT # P99000049637

1. Entity Name
DELLAGO USA, INC.

Principal Place of Business	Mailing Address
5117 CASTELLO DRIVE, SUITE 1 NAPLES FL 34103	5117 CASTELLO DRIVE, SUITE 1 NAPLES FL 34133-0279

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
28000 Spanish Wells Blvd	P.O. Box 279
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34135 Country	Zip: 34133 Country

4. FEI Number: 59-3578776 ☐ 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
AMBURN, JAMES W 5117 CASTELLO DRIVE, SUITE 1 NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable): 28000 Spanish Wells Blvd Suite 200 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 _____ DATE
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DREESKORNFELD, HANS D 5117 CASTELLO DRIVE, SUITE 1 NAPLES FL 34103 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVPST DREESKORNFELD, HANS 28000 Spanish Wells Blvd - ste 200 Bonita Springs, FL 34135 ☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SIGN HERE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 04-13-00 94-992-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #