

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049720

1. Entity Name

KOPKA INTERNATIONAL, INC.

Principal Place of Business

5117 CASTELLO DRIVE, SUITE 1  
NAPLES, FL 34103

Mailing Address

5117 CASTELLO DRIVE, SUITE 1  
NAPLES, FL 34133-0279

2. Principal Place of Business

28000 Spanish Wells Blvd  
Suite, Apt. #, etc.  
200

3. Mailing Address

P.O. Box 279  
Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

City & State

Bonita Springs, FL

Zip

34133

Country

4. FEI Number

65-0930288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMBURN, JAMES W  
5117 CASTELLO DRIVE, SUITE 1  
NAPLES, FL 34103

7. Name and Address of New Registered Agent

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

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  
NAME KOPKA, HELMUT  
STREET ADDRESS 5117 CASTELLO DRIVE, SUITE 1  
CITY-ST-ZIP NAPLES FL 34103

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PUPST  
NAME KOPKA, HELMUT  
STREET ADDRESS 28000 Spanish Wells Blvd - Ste 200  
CITY-ST-ZIP Bonita Springs, FL 34135

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90126 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)