

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**  
 03-06-2001 90297 009 \*\*\*150.00

**DOCUMENT # P99000054555**

1. Entity Name

ADC. DOMMEL U.S., INC.

Principal Place of Business

Mailing Address

4217 4TH STREET NORTH, "A"  
 ST. PETERSBURG FL 33703

POST OFFICE BOX 1578  
 ST. PETERSBURG FL 33731-1578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3586097**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESCENT, MONIQUE M  
 361 41ST AVENUE NORTH  
 UNIT 13  
 ST. PETERSBURG FL 33703

Name **Carolyn Musk**

Street Address (P.O. Box Number is Not Acceptable)  
**4217 4th Street N "A"**

City **St. Petersburg**

**FL**

Zip Code  
**33703**

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

*Carolyn Musk*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/2/01**

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, 2001 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 PD  
 NAME DOMMEL, KARL GEORG ☐ Delete  
 STREET ADDRESS ZWEIBRUECKENSTR 1  
 CITY-ST-ZIP MUNCHEN, GERMANY 80331

TITLE VP  
 NAME DOMMEL, BAERBEL HEDWIG ☐ Delete  
 STREET ADDRESS ZWEIBRUECKENSTR 1  
 CITY-ST-ZIP MUNCHEN, GERMANY 80331

TITLE S  
 NAME HUBACEK, MICHAEL ☒ Delete  
 STREET ADDRESS 361 41ST AVENUE NORTH, UNIT 16  
 CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE T  
 NAME WINARSKY, BIANCA ☒ Delete  
 STREET ADDRESS 361 41ST AVENUE NORTH, UNIT 16  
 CITY-ST-ZIP ST. PETERSBURG FL 33703

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/2/01**

CR2034 (10/00)