

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90164 040 \*\*\*150.00

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**DOCUMENT # P99000054555**

1. Entity Name

ADC, DOMMEL U.S., INC.



Principal Place of Business  
4217 4TH STREET NORTH, "A"  
ST. PETERSBURG FL 33703

Mailing Address  
POST OFFICE BOX 1578  
ST. PETERSBURG FL 33731-1578

2. Principal Place of Business

101 FIFTH AVE

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETE BEACH, FL

City & State

ST

Zip

33706

Country

USA

Zip

Country

4. FEI Number

59-3586097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUSK, CAROLYN  
4217 4TH STREET N "A" 101 5th AVE  
SAINT PETERSBURG FL 33703  
ST PETE BEACH, FL 33706

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carolyn Musk

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

11. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Musk QUICK CAROLYN MUSK

Date

4/22/03

Daytime Phone #

727-363-0608

CR2E034 (10/02)