

DOCUMENT # P99000064194

1. Entity Name

DAT SOUTH WEST, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-21-2000 90092 029 ***150.00

Principal Place of Business

773 PLANTATION COURT
MARCO ISLAND FL 34245

Mailing Address

773 PLANTATION COURT
MARCO ISLAND FL 34145-1921

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

☒ 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

KIRN, PETER E
1060 BALD EAGLE DRIVE
MARCO ISLAND FL 34145

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Jens J. Ielenschneider	
STREET ADDRESS	Schmiedstrasse 18	
CITY-ST-ZIP	88499 Niedlingen / Germany	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	Elfriede Proessele	
STREET ADDRESS	773 Plantation Court	
CITY-ST-ZIP	Marco Island, FL	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Annette Heilborn	
STREET ADDRESS	Seethovensstrasse 27	
CITY-ST-ZIP	88499 Altheim / Germany	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	Ines Prokoph	
STREET ADDRESS	Donaustasse 13	
CITY-ST-ZIP	88499 Altheim / Germany	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

Jens J. Ielenschneider 1/5/2000 01-49-7371255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #