

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90088 047 ***150.00

00069213

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000072225
 1. Entity Name
SIKO, COPR

Principal Place of Business Mailing Address
P.O. BOX 3047
FORT MYERS BEACH, FL 33931

2. Principal Place of Business 3. Mailing Address
9167 BRENDAN LAKE CT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BONITA SPRINGS, FL
 Zip Country Zip Country
34135-4354 LEE

4. FEI Number Applied For
52-2195814 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KOSTNER, SIEGFRIED
5120 WILLIAMS DR
FORT MYERS BEACH, FL 33931

7. Name and Address of New Registered Agent
 Name
KOSTNER, SIEGFRIED
 Street Address (P.O. Box Number is Not Acceptable)
9167 BRENDAN LAKE CT
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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	P	<input type="checkbox"/> Delete
NAME	KOSTNER, SIEGFRIED	
STREET ADDRESS	5120 WILLIAMS DR	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTNER, SIEGFRIED	
STREET ADDRESS	9167 BRENDAN LAKE CT	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135-4354	
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		
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 all other like empowered.

SIGNATURE: *[Signature]* **APR 14 2000** **941281 82 40**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)