

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080694

1. Entity Name

TICKETMAN INTERNATIONAL GROUP, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90055 022 ***150.00

Principal Place of Business 1505 S.E. 40 STREET,STE.C CAPE CORAL FL 33904	Mailing Address 1505 S.E. 40 STREET,STE.C CAPE CORAL FL 33904-7913
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2. Principal Place of Business 1318 Lafayette St. Suite, Apt. #, etc.	3. Mailing Address 1318 Lafayette St. Suite, Apt. #, etc.
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City & State Cape Coral, Florida	City & State Cape Coral, Florida
Zip 33904	Zip 33904
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVE. CORAL GABLES FL 33134	
7. Name and Address of New Registered Agent Name: Hill Thomas W. Street Address (P.O. Box Number is Not Acceptable): 1318 Lafayette St. City: Cape Coral FL Zip Code: 33904	

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: Thomas W. Hill Thomas W. Hill 4-4-00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD STEINBACH, ACHIM 1505 S.E. 40 STREET,STE.C CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ACHIM STEINBACH 4-4-00 941-549-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #