

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000090086

1. Entity Name

DIGIMAKE INC.

FILED
May 16, 2000 8:00 am
Secretary of State

04-14-2000 90015 001 ***150.00

Principal Place of Business

Mailing Address

3218 NW 102 TERR
CORAL SPRINGS FL 33065

3218 NW 102 TERR
CORAL SPRINGS FL 33065-6124

2. Principal Place of Business

410 39TH AVENUE NE

Suite, Apt. #, etc.

3. Mailing Address

410 39TH AVENUE NE

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34120

Country

USA

Zip

34120

Country

USA

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

GRASMEIER, MARIE J
3218 NW 102 TERR
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

GRASMEIER, MARIE J

Street Address (P.O. Box Number is Not Acceptable)

410 39TH AVENUE NE

City

NAPLES

FL

Zip Code

34120

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN GRASMEIER	
STREET ADDRESS	410 39TH AVENUE NE	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MARIE OHLIN GRASMEIER	
STREET ADDRESS	410 39TH AVENUE NE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

(941) 304-4654

CR2E034 (9/99)