

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90080 021 \*\*\*150.00

**DOCUMENT # P99000091724**

1. Entity Name

**OSTLING MARKING SYSTEMS, INC.**

Principal Place of Business

Mailing Address

9851 THOMAS DRIVE  
SUITE 109-112  
PANAMA CITY BEACH FL 32408

9851 THOMAS DRIVE  
SUITE 109-112  
PANAMA CITY BEACH FL 32408-3813

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

59-3337695

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

**SLOAN, TIMOTHY J**  
**427 MCKENZIE AVENUE**  
**PANAMA CITY FL 32401**

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)

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**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

**D**  
**OSTLING, ROLF A**  
**HOHSCHIEDERWEG 36 D 42697 SOLINGEN**  
**GERMANY**

☐ Delete

TITLE

NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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**

Date

Daytime Phone #

820  
520-00 831-7271

CR2E034 (9/99)