

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90126 045 ***150.00

DOCUMENT # S05987

1. Entity Name

GO-MEX FLORIDA, INC.

Principal Place of Business

Mailing Address

% 5117 CASTELLO DR
 STE 1
 NAPLES FL 34103
 US

% 5117 CASTELLO DR
 STE 1
 NAPLES FL 34103
 US

C004055C



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd
 Suite, Apt. #, etc.
 200

P.O. Box 279
 Suite, Apt. #, etc.

City & State
 Bonita Springs, FL
 Zip
 34135
 Country

City & State
 Bonita Springs, FL
 Zip
 34133
 Country

4. FEI Number **65-0220093**

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

AMBURN, JAMES W
 117 CASTELLO DR
 STE 1
 NAPLES FL 34103

Name

28000 Spanish Wells Blvd -
 Suite 200
 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

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
 PTSD
 HILPERT, AXEL
 WISSMANNSTRASSE 19
 14193 BERLIN, GERMANY

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPVTS
 AXEL HILPERT
 WISSMANNSTR. 19
 14193 BERLIN, GERMANY

☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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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

03-02-00

Date

941-992-3355

Daytime Phone #