

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S44438**

1. Entity Name
MOMPTI CORPORATION

Principal Place of Business
**% DENISE GRIMM
13114 SKING PARADISE BLVD.
CLERMONT FL 34711**

Mailing Address
**% DENISE GRIMM
13114 SKING PARADISE BLVD.
CLERMONT FL 34711**

FILED

02 APR 18 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 **59-3114073**

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

**GRIMM, DENISE
13114 SKING PARADISE BLVD.
CLERMONT FL 34711**

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, 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, 2002 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 ☐ Delete
**DP SCHINDLER, HANNS
KLOSTERFELDSTRASSE #9
6921 KENNELBACH, AUST**

TITLE NAME ☐ Change ☐ Addition
300005393583-6
-04/30/02--01065--004
****450.00 ****150.00

TITLE NAME ☐ Delete
**DST SCHINDLER-GRETER, MONIKA
KLOSTERFELDSTRASSE #9
6921 KENNELBACH, AUST**

TITLE NAME ☐ Change ☐ Addition
300005393583-6
-04/30/02--01065--004
****450.00 ****150.00

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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:

04/02/02 312 4295605
MONIKA SCHINDLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

ORCE034 (9/01)