2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # V11583 1. Entity Name FRIEDRICH G. HEINDL - MARKETING AND DESIGN, INC. 01-21-2000 90078 006 ***150.00 Principal Place of Business Mailing Address 2242 ELDORADO PKWY WEST 2301 DEL PRADO BLVD CAPE CORAL FL 33914 CAPE CORAL FL 33990-4698 2. Principal Place of Business 3. Mailing Address -Suite, Apt. #, etc. -Suite, Apt. #, etc. -DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0385045 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NICKEL, P.A. G Street Address (P.O. Box Number is Not Acceptable) **350 5TH AVE S** #200 NAPLES FL 33940 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE HEINDL, FRIEDRICH G. NAME NAME 301 DEL PRADO BIVO STE 100 APE CORAL EL 33290 STREET ADDRESS 2112 S.E. 19TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE HEINDL BRIGITTE Change X 2301 DEL PRADO BIVD STE 100 CAPE CORAL FL 33990 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP