

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90088 050 \*\*\*150.00

LU001001



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P14085**

1. Entity Name

**NAMASCO CORPORATION**

Principal Place of Business

Mailing Address

BOX 5116  
FL 33675-5116

666 OLD COUNTRY RD.  
GARDEN CITY NY 11530-2004  
US

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

**38-0246626**

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

**BOEDEKER, JAMES**  
**907 S 20TH STREET**  
**TAMPA FL 33605**

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) ☐

**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	CD	<input type="checkbox"/> Delete
NAME	MUESERS, RAIMUND	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLAUS, AGTHE DR.	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REEVES, BERNIE	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	STRASSBURGER, ROLAND	
STREET ADDRESS	666 OLD COUNTRY RD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	JOHNSON, KIRK A	
STREET ADDRESS	666 OLD COUNTRY RD	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5775 Glenridge Drive, Bldg. C, Suite 110	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georg Budenbender	
STREET ADDRESS	5775 Glenridge Drive, Bldg. C, Suite 110	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hermann Koegler	
STREET ADDRESS	5775 Glenridge Drive, Bldg. C, Suite 110	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5775 Glenridge Drive, Bldg. C, Suite 110	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5775 Glenridge Drive, Bldg. C, Suite 110	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernard C. O'Brien	
STREET ADDRESS	5775 Glenridge Drive, Bldg. C, Suite 110	
CITY-ST-ZIP	Atlanta, GA 30328	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)