


Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90245 019 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000074332

1. Entry Name
A to z management of Bonita Springs
Inc.



11017216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10911 Bonita Beach RD

3. Mailing Address
10911 Bonita Beach RD

Suite, Apt. #, etc.
#2081

City & State
Bonita Spgs FL

Zip
34135

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

HENSLEY & COMPANY, Inc. Registered Agent

Name
10911 Bonita Beach

Street Address (if not the same as above)
PrimeHaven # 208-1

Bonita Springs, FL 34135

Phone 941-992-6060

City Fax 941-992-9506 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] [Signature]

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when installing)

URGENT May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25

Make check payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<u>PVTS</u> <u>Strebel Rico William</u> <u>Am Wasser 134 Zurich 8049</u> <u>Switzerland</u>	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Rico strebel 4/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date