## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachmen

SIGNATURE:

address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTO

## **FILED** DOCUMENT # F03300 Mar 04, 2000 8:00 am **Secretary of State** NIEMANN AND WOLTER DEVELOPMENT CORP. 03-04-2000 90047 027 \*\*\*150.00 Principal Place of Business Mailing Address 9240 BONITA BEACH RD. 9240 BONITA BEACH RD. STE. 117 BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135-4249 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 39-1365286 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BUTLER, GAREY** Street Address (P.O. Box Number is Not Acceptable) % HUMPHREY & KNOTT, P.A. 1625 HENDRY ST., #301 FT MYERS FL 33901 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Addition ☐ Delete TITLE Change TITLE WENWIESER, DIETER NAME NAME STREET ADDRESS 9240 BONITA BEACH BLVD. #117 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE REINERT, KIRT, A NAME NAME 9240 BONITA BEACH BLVD. #117 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **BONITA SPRINGS FL 34135** ☐ Addition ☐ Defete ☐ Change TITLE TITLE REINERT, PATRICK B NAME NAME STREET ADDRESS STREET ADDRESS 9240 BONITA BEACH BLVD. #117 CITY-ST-ZIP CiTY-ST-ZIP **BONITA SPRINGS FL 34135** ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pr 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