

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90712 033 ***150.00

DOCUMENT # G59817

1. Entity Name
BAVARIAN INN CORPORATION



Principal Place of Business
**4901 TAMiami TRAIL N
NAPLES FL 34103**

Mailing Address
**4901 TAMiami TRAIL N
NAPLES FL 34103
US**

2. Principal Place of Business
960 Winterberry Dr.
Suite, Apt. #, etc.

3. Mailing Address
960 Winterberry Dr.
Suite, Apt. #, etc.

City & State
Marco Island, FL
Zip
34145
Country
US

City & State
Marco Island, FL
Zip
34145
Country
US

4. FEI Number **59-2319209**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

US-INVESOR-SERVICES-INC.
**4901 TAMiami TRAIL N
NAPLES FL 34103**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	GROSSMAN, RUDOLF	
STREET ADDRESS	4901 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MERKEL, BETTY	
STREET ADDRESS	4901 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FILTHAUT, RAINER N	
STREET ADDRESS	4901 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MERKEL, BETTY	
STREET ADDRESS	4901 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	960 Winterberry Drive	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	960 Winterberry Drive	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	960 Winterberry Drive	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Konrad Mayerhofer	
STREET ADDRESS	960 Winterberry Drive	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Werner Wolkersdorfer	
STREET ADDRESS	960 Winterberry Drive	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Werner Wolkersdorfer** DATE: **03-11-03** DAYTIME PHONE: **239-394-7233**

CR2E034 (10/02)