

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60046

1. Entity Name  
SOUTHWEST FLORIDA COAST HOMES, INC.

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90246 032 \*\*\*550.00

0538878

Principal Place of Business  
518 GLENN AVENUE  
LEHIGH ACRES FL 33972  
US

Mailing Address  
518 GLENN AVENUE  
LEHIGH ACRES FL 33972  
US

2. Principal Place of Business  
12670 New Brittany Blvd  
Suite, Apt. #, etc.  
Suite 201

3. Mailing Address  
PO Box 1611  
Suite, Apt. #, etc.

City & State  
Fort Myers, Florida  
Zip  
33907-3650  
Country  
Lee

City & State  
Lehigh Acres, Florida  
Zip  
33970  
Country  
Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0096696  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BAUMGARTNER, MATTHIAS  
518 GLENN AVENUE  
LEHIGH ACRES FL 33972

7. Name and Address of New Registered Agent  
Name Baumgartner, Matthias  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Richard E. Shield, CPA  
12670 New Brittany Blvd Suite 201  
City Fort Myers FL Zip Code 33907

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 *X Baumgartner* DATE 8/17/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing - \$5.00 May Be Added to Fees  
Trust Fund Contribution. ☐

| 11. OFFICERS AND DIRECTORS                     |  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
|--|--|---------------------------------|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>BAUMGARTNER, MATTHIAS<br>518 GLENN AVENUE<br>LEHIGH ACRES FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DPST<br>Baumgartner, Matthias<br>PO Box 1611<br>Lehigh Acres, FL 33970 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *X Baumgartner* DATE 8/17/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (10/00)