

2001 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

01 MAY -2 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0021395 AF

DOCUMENT # L94000000232

1. Entity Name
INTER BUILDING MARKETING LIMITED COMPANY

Principal Place of Business
481 17TH AVENUE SOUTH
NAPLES FL 33939

Mailing Address
P.O. BOX 3143
NAPLES FL 33939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2304 Harrier Run
Suite, Apt. #, etc.

3. Mailing Address

PO 3143
Suite, Apt. #, etc.

City & State
Naples, FL

Zip
34105

Country
USA

City & State
Naples, FL

Zip
34106

Country
USA

4. FEI Number 65-0575359

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHACHE, SUSANNE
481 17TH AVENUE SOUTH
NAPLES FL 34102
2304 Harrier Run
Naples, FL 34105

7. Name and Address of New Registered Agent

Name Hans Schache
Street Address (P.O. Box Number is Not Acceptable)
2304 Harrier Run
City Naples FL Zip 34105

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

04-28-01

FILE NO. FEE IS \$50.00
Make Check Payable to Department of State

600004302946--5
-05/23/01--01105--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHACHE, HANS 481 17TH AVENUE SOUTH NAPLES FL 33939	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHACHE, SUSANNE 481 17TH AVENUE SOUTH NAPLES FL 33939	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hans Schache 2304 Harrier Run Naples, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Title: CEO
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

04-28-01

643-1715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)