

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90276 045 \*\*\*150.00

DOCUMENT # P00000007082

1. Entity Name  
VILLA STEFFI, INC.

Principal Place of Business  
1639 E. CAPE CORAL PKWY. STE. 103  
CAPE CORAL FL 33904

Mailing Address  
1639 E. CAPE CORAL PKWY. STE. 103  
CAPE CORAL FL 33904

2. Principal Place of Business  
1411 Cape Coral Pkwy E.  
Suite, Apt. #, etc.

3. Mailing Address  
1411 Cape Coral Pkwy E.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Cape Coral, FL  
Zip  
33904  
Country  
USA

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Cape Coral, FL  
Zip  
33904  
Country  
USA

4. FEI Number  
ITIN: 977-79-3876  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F  
1105 CAPE CORAL PKWY. EAST, STE. C  
CAPE CORAL FL 33904

## 7. Name and Address of New Registered Agent

Name  
Beverly Parys  
Street Address (P.O. Box Number is Not Acceptable)  
1411 Cape Coral Pkwy E.  
City  
Cape Coral FL Zip Code  
33904

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 B Parys (NOTE: Registered Agent signature required when reinstating) DATE Jan 8, 2001

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | UHLANDSTR., GOTTFRIED L   |                                 |
| STREET ADDRESS | 54-55 D-107 BERLIN        |                                 |
| CITY-ST-ZIP    | GERMANY                   |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | UHLANDSTR., STEFFI LEHMAN |                                 |
| STREET ADDRESS | 54-55 D-107 BERLIN        |                                 |
| CITY-ST-ZIP    | GERMANY                   |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | P. D.                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GOTTFRIED-OTTO LEHMANN |  |
| STREET ADDRESS | 54-55 UHLANDSTRASSE    |  |
| CITY-ST-ZIP    | BERLIN-D-10719-GERMANY |  |
| TITLE          | T. S.                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | STEFFI LEHMANN         |  |
| STREET ADDRESS | 54-55 UHLANDSTRASSE    |  |
| CITY-ST-ZIP    | BERLIN-D-GERMANY       |  |
| TITLE          | M                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | THOMAS LEHMANN         |  |
| STREET ADDRESS | 50A-GRAEFESTRASSE      |  |
| CITY-ST-ZIP    | BERLIN-D-GERMANY       |  |
| TITLE          | S                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PETRA LEHMANN          |  |
| STREET ADDRESS | 50A GRAEFESTRASSE      |  |
| CITY-ST-ZIP    | BERLIN-D-GERMANY       |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| 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 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: Gottfried Lehmann GOTTFRIED LEHMANN-DIRECTOR (941) 541-0877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)