## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 24, 2002 8:00 am Secretary of State DOCUMENT # P00000007082 1. Entity Name 02-24-2002 90052 017 \*\*\*150.00 VILLA STEFFI, INC. Mailing Address Principal Place of Business 1411 C APE CORAL PKWY, 3. 1411 C APE CORAL PKWY, 3. CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 97-7793876 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARYS, BEVERLY Street Address (P.O. Box Number is Not Acceptable) -1411-CAPE:CORAL-PKWY-E-CAPE CORAL FL 33904 Zip Code City rifts his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named 1-18-02 SIGNATURE (NOTE: Registered Agent signature uired when reinstating nt and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 - Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change 🖯 Đelete TITLE TITLE **LEHMANN, GOTTFRIED-OTTO** NAME NAME STREET ADDRESS STREET ADDRESS 54-55 UHLANDSTRASSE CITY-ST-ZIP BERLIN-D-10719 GE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LEHMANN, STEFF! STREET ADDRESS STREET ADDRESS 54-55 UHLANDSTRASSE CITY-ST-ZIP CITY-ST-ZIP **BERLIN-D-GERMANY** ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME LEHMANN, THOMAS STREET ADDRESS STREET ADDRESS **50A-GRAEFESTRASSE** CITY-ST-7IP CITY-ST-ZIP **BERLIN-D-GERMANY** Change Addition ☐ Delete TITLE TITLE NAME NAME --LEHMANN, PETRA-STREET ADDRESS STREET ADDRESS **50 A GRAEFESTRASSE** CITY-ST-ZIP CITY-ST-ZIP BERLIN-D-GERMANY GE Change Addition TITLE □ Delete 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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

GoHffried Lehmann Jan 30-02 (041) 541-0877

Bate Dayline Phone #

☐ Delete

☐ Change

☐ Addition