P00000042227

2002	UNIF	ORM	BUSINESS	REPO)RT ((Ui

DOCUMENT # 1. Entity Name

R.G. TIMMERMANN, INC.

Principal Pla	ace of Business	Mailing Address						
2048 SE 27	Th Terr.	2048 SE 27TH TERR.	-					
CAPE CORA	AL FL 33909	CAPE CORAL FL 33909		1				
								. (* * 11) (*** 1 (*** 1
2 Principal	Place of Business	3. Mailing Address						
802 SE 47th Terrace			802 SE 47th Terrace		(1001500) HI 001H 601H 001H		11014 (1911	. 11911 1891 1891
Suite, Apt. #, etc.		Suite, Apt. #, etc.	CLIUCC	-	DO NOT WRITE IN THIS SPACE			
	T. C.C.						<i></i>	
City & State		City & State			4. FEI Number NOT APP	LICADI E	A	oplied For
		Cape Coral, E			NOT AFF			ot Applicable
339		33904	Country		5. Certificate of Status Desired		. 75 Add Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New			
		<u> </u>		lame				
TIMMER	MANN, RICARDO G			Timmermann, Ricardo G Street Address (P.O. Box Number is Not Acceptable)				
2048 SE	27TH TERR.		3	802 SE 4	7th Terrace	oie)		
CAPE C	ORAL FL 33909						***	
				City	, <u></u>		Zip Cod	
				Саре	Coral	FL	339	04
8. The abov	e named entity submits this statement for	the purpose of changing its	registered o	ffice or registered	d agent, or both, in the State of I	Florida.		
SIGNATURE	Signature, typed or printed name of registered agent ar	district the second sec						
		id title if applicable. (NOTE	: Hegistered Age	ent signature required w	hen reinstating)	DATE		
9. This corp	poration is eligible to satisfy its Intangible	FILE NOW!!			10. Election Campaign F	inancino	¢ E 0	0 May Be
	requirement and elects to do so. eria on back)	After May 1, 200			Trust Fund Contribut	~		to Fees
11.	OFFICERS AND D	Make Check Payable		rtment of State				
TITLE A	PSTD OFFICERS AND E	Delete	12.	Т	ADDITIONS/CHANGES TO OF	·		
NAME I	TIMMERMANN, RICARDO G	ET Delete	NAME			X.	Change	☐ Addition
STREET ADDRESS			STREET AD	DRESS 802	SE 47th Terrace			
CITY-ST-ZIP	CAPE CORAL FL 33909		CITY-ST-Z	I	e Coral, FL 33904	.		ľ
TITLE	VD	□ Delete	TITLE	July	C 00141, 1B 3370-		Change	☐ Addition
NAME	TIMMERMANN, PLACIDA		NAME				on ango	
STREET ADDRESS			STREET AD	DRESS 802	SE 47th Terrace			
CITY-ST-ZIP	CAPE CORAL FL 33909		CITY-ST-Z	rip	e Coral. FL 3390)4		
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NAME STOSET ADDRESS			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET AD	DRESS				
TITLE NAME			CITY-ST-Z	iP .	·/*·			i i
I APCIAIL		☐ Delete	TITLE	iP			Change	☐ Addition
STREET ADDRESS		☐ Delete	TITLE		<u>.</u>		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	DRESS			Change	☐ Addition }
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR