

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90033 011 ***150.00

DOCUMENT # P0000000067728

1. Entity Name

Pauland Partners Realty Servi

DO NOT WRITE IN THIS SPACE

B0058590

2. Principal Place of Business

8695 College Pky.

Suite, Apt. #, etc.

3. Mailing Address

8695 College Pky.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Myers, FL.

City & State
Ft. Myers FL

4. FEI Number
65-1030006

Applied For
Not Applicable

Zip
33919

Country
U.S.A.

Zip
33919

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Attium Registered Agents

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Ave, #125

City
Coral Gables FL Zip Code
33146

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
Simone Prechel
President
8695 College Pky.
Ft. Myers, FL. 33919

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
8695 College Pky.
Ft. Myers, FL. 33919

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Simone Prechel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-02

941-481 8600

Date

Daytime Phone #

CR2E034B (12/01)