

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90741 006 ***158.75

DOCUMENT # P00000075390

1. Entity Name
REISE BAEHR-GERMAN TOURIST SERVICES, INC.



Principal Place of Business
~~331 CAPE CORAL PARKWAY, W. UNIT B~~
~~CAPE CORAL FL 33914 33904~~
3501 DEL PRADO BLVD. S, Ste 200 → same

Mailing Address
~~331 CAPE CORAL PARKWAY, W. UNIT B~~
~~CAPE CORAL FL 33914 33904~~



2. Principal Place of Business
3501 DEL PRADO BLVD. S

3. Mailing Address
3501 Del Prado Blvd. S

Suite, Apt. #, etc.
Ste. 200

Suite, Apt. #, etc.
Ste. 200

City & State
Cape Coral, FL

City & State
Cape Coral, FL

Zip
33904

Country
Lee

Zip
33904

Country
Lee

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1034751**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIEDLINGER, THOMAS

~~331 WEST CAPE CORAL PKWY STE B~~ **3501 DEL PRADO BLVD S Ste 200**
CAPE CORAL FL 33914 33904

Name
RIEDLINGER, THOMAS

Street Address (P.O. Box Number is Not Acceptable)
3501 SOUTH DEL PRADO BLVD. #200

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **THOMAS RIEDLINGER - PRESIDENT**

04-11-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RIEDLINGER, THOMAS**
STREET ADDRESS ~~331 WEST CAPE CORAL PKWY STE B~~ **3501 DEL PRADO BLVD S**
CITY-ST-ZIP ~~CAPE CORAL FL 33914 33904~~ **Ste. 200**

TITLE **D** ☐ Change ☐ Addition
NAME **RIEDLINGER, THOMAS**
STREET ADDRESS **3501 S. DEL PRADO BLVD. #200**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THOMAS RIEDLINGER**

04-11-03 **239-945-3899**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)