

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90064 026 ***158.75

DOCUMENT # P00000084647

1. Entity Name

PRIMARY DEVELOPMENT OF CAPE CORAL, INC.

Principal Place of Business

**331 WEST CAPE CORAL PARKWAY
 SUITE B
 CAPE CORAL FL 33914**

Mailing Address

**331 WEST CAPE CORAL PARKWAY
 SUITE B
 CAPE CORAL FL 33914**

C0056985



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3501 DEL PRADO BLVD. S

3. Mailing Address

3501 DEL PRADO BLVD. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

CAPE CORAL, FLORIDA

CAPE CORAL, FLORIDA

Zip

Country

Zip

Country

33904

USA

33904

USA

4. FEI Number

Applied For

65-1038369

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MINIX, TRAVIS W SR.
 2431 HARVARD AVENUE
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

RIEDLINGER, THOMAS

Street Address (P.O. Box Number is Not Acceptable)

3501 DEL PRADO BLVD. SOUTH

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

Signature, typed or printed name of registered agent and title if applicable.

THOMAS RIEDLINGER - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

04-24-01

DATE

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** ☐ Delete
 NAME **RIEDLINGER, THOMAS P**
 STREET ADDRESS **2515 S.W. 49TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **RIEDLINGER, THOMAS**
 STREET ADDRESS **3501 DEL PRADO BLVD. SOUTH, SUITE 200**
 CITY-ST-ZIP **CAPE CORAL, FL 33914**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS RIEDLINGER

Date

04-24-01

Daytime Phone #

941-945-3899

CR2E034 (10/00)