

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

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90111 012 \*\*\*150.00

DOCUMENT # 70100007448  
1. Entity Name  
SAUERLAND CORPORATION ✓

822339

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8960 COLONNADES CT.  
Suite, Apt. #, etc.  
E# 927  
City & State  
BONITA SPRINGS, FL  
Zip  
34135  
Country  
USA

3. Mailing Address  
P.O. BOX 279  
Suite, Apt. #, etc.  
City & State  
BONITA SPRINGS, FL  
Zip  
34133  
Country  
USA

DO NOT WRITE IN THIS SPACE

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4. FEI Number  
59-3732727  
Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent  
Name  
AXEL SAUERLAND  
Street Address (P.O. Box Number is Not Acceptable)  
8960 COLONNADES CT E  
# 927  
City  
BONITA SPRINGS FL Zip Code  
34135

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.T.S AXEL SAUERLAND 8960 COLONNADES CT E # 927 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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: AXEL SAUERLAND 01/22/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR