

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90249 019 ***150.00

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DOCUMENT # P01000074448



1. Entity Name
SAUERLAND CORPORATION

Principal Place of Business
8960 COLONNADES CT. E.
#927
BONITA SPRINGS FL 34135

Mailing Address
P.O. BOX 279
BONITA SPRINGS FL 34133



2. Principal Place of Business
3901 Bonita Beach Rd #C
Suite, Apt. #, etc.

3. Mailing Address
3901 Bonita Beach Rd #C
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Bonita Springs, FL
Zip Country
34134 Lee/us

City & State
Bonita Springs, FL
Zip Country
34134

4. FEI Number 59-3732727

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

SAUERLAND, AXEL
8960 COLONNADES CT. E.
#927
BONITA SPRINGS FL 34135

Name SAUERLAND AXEL
Street Address (P.O. Box Number is Not Acceptable)
8940 Colonnades Ct. East # 735
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST SAUERLAND, AXEL 8960 COLONNADES CT. E. BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUERLAND, GABRIELA 8960 COLONNADES CT. E. BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SCHMITZ, DOROTHEA 28819 WINTHROP CIRCLE BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SAUERLAND, AXEL
SAUERLAND, AXEL
President

02-06-03

Date

Daytime Phone #

239-405-1484

CR2E034 (10/02)