

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90130 037 ***150.00

DOCUMENT # P02000006685

1. Entity Name
UH DEVELOPMENT, INC.



Principal Place of Business
**4905 CHIQUITA BLVD SUITE 101
CAPE CORAL FL 33914**

Mailing Address
**4905 CHIQUITA BLVD SUITE 101
CAPE CORAL FL 33914**



2. Principal Place of Business
728 Victoria Drive

3. Mailing Address
1318 Lafayette St.

Suite, Apt. #, etc.
Apt. # 201

Suite, Apt. #, etc.

City & State
Cape Coral, Florida

City & State
Cape Coral, Florida

Zip
33904

Zip
33904

4. FEI Number
90-0009924

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHUTT, DARRIN R
1105 CAPE CORAL PARKWAY EAST SUITE C
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name
HILL, THOMAS W.

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

1318 LAFAYETTE ST.

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 W. Hill**

2-26-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.T.D.
MEYER, UWE GERHARD
728 Victoria Drive
Cape Coral, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**U.P.S.D.
MEYER, HEIDEMARIE
728 Victoria Drive
Cape Coral, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **SIGNATURE REQUIRED U.G. Meyer**

2-26-03

239-549-2444

Date

Daytime Phone #

CR2E034 (10/02)