

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37039

1. Entity Name

REBU CORPORATION

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90073 023 ***150.00

Principal Place of Business

2038 HENLEY PLACE
FT. MYERS FL 33901
US

Mailing Address

2038 HENLEY PLACE
28TH FLOOR
FT. MYERS FL 33901-3107
US

2. Principal Place of Business

3. Mailing Address

2038 HENLEY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT MYERS FL

Zip

Country

Zip
33901-3107

Country

US

4. FEI Number

52-1752078

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

MAHER, WILLIAM A
2038 HENLEY PLACE
FT. MYERS FL 33901

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MUELLER, WILFRED
STREET ADDRESS WEINBERGSTRASSE 113
CITY-ST-ZIP 8032 ZURICH SW

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

TITLE SD ☐ Delete
NAME MUELLER, SANDRA
STREET ADDRESS WEINBERGSTRASSE 113
CITY-ST-ZIP 8032 ZURICH SW

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS GOLDBACHERSTRASSE 46
CITY-ST-ZIP 8700 KUSNACHT SW

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/99)