

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036620

1. Entity Name

PROPERTY CONSULTANTS INDIVIDUAL, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90123 015 \*\*\*150.00

Principal Place of Business

Mailing Address

%G. GROTHE  
1022 S.E. 30TH STREET  
CAPE CORAL FL 33904  
US

%G. GROTHE  
5117 CASTELLO DR SUITE 1  
NAPLES FL 34133-0279  
US

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd  
Suite, Apt. #, etc.  
200

P.O. Box 279  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Bonita Springs, FL

Bonita Springs, FL

4. FEI Number

65-0418396

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

AMBURN, JAMES W.  
5117 CASTELLO #T  
NAPLES FL 34103

Name

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

28000 Spanish Wells Blvd.

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

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 DPST ☐ Delete  
NAME GROTHE, GISELA  
STREET ADDRESS 1022 SE 30TH STREET  
CITY-ST-ZIP CAPE CORAL FL

TITLE P, VP, S, T ☒ Change ☐ Addition  
NAME Grothe, Gisela  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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:

Gisela Grothe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00

Date

Daytime Phone #

941-992-3355

CR2E034 19/99