

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90026 026 \*\*\*150.00

DOCUMENT # P94000364734

1. Entity Name  
FLORIDA IMMOBILIEN CORP.

Principal Place of Business

1000 LEE BLVD  
STE 208  
LEHIGH ACRES FL 33936  
US

Mailing Address

P.O. BOX 512  
LEHIGH ACRES FL 33970

2. Principal Place of Business

X 5368 Darby Ct.

3. Mailing Address

X 5368 Darby Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number 65-0605459

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

SEALCO GROUP INC  
1000 LEE BLVD, STE 208  
LEHIGH ACRES FL 33936

Name

X Horst Sonntag

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

5368 Darby Ct.

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 04-12-01

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, 2001 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 S  
NAME WACK, ROSEWITHA  
STREET ADDRESS 1000 LEE BLVD BLVD, #208  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

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

TITLE P  
NAME SONNTAG, HORST  
STREET ADDRESS 1000 LEE BLVD #208  
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

TITLE P  
NAME Horst Sonntag  
STREET ADDRESS 5368 Darby Ct.  
CITY-ST-ZIP Cape Coral, FL 33904 ☒ Change ☐ Addition

TITLE VPT  
NAME SONNTAG, EDITH  
STREET ADDRESS 1000 LEE BLVD #208  
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

TITLE VPT  
NAME Edith Sonntag  
STREET ADDRESS 5368 Darby Ct.  
CITY-ST-ZIP Cape Coral, FL 33904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 04-12-01

X 945-2646

CR2E034 (10/00)