FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91344 037 ***150.00

DOCUMENT # P94000068668

1. Entity Name
Sandpiper Investments of SW Florida, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4901 Tamiami Trail N.		4901 Tamiami Trail N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Naples, FL		City & State: Naples, FL	
Zip: 34103	Country: USA	Zip: 34103	Country: USA

4. FEI Number: 650571234 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: U.S. Investor Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 4901 Tamiami Trail N.
City: Naples FL Zip Code: 34103

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) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
PSTD Rudolph Grossmann 4901 Tamiami Trail N. Naples, FL 34103	
VD Doris Roman 4901 Tamiami Trail N. Naples, FL 34103	
V Rainer N. Filthaut 4901 Tamiami Trail N. Naples, FL 34103	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02
Date

941-213-4000
Daytime Phone #