

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91544 010 ***150.00

DOCUMENT # P94000069757

1. Entity Name
SERFICO INVESTMENTS, INC.

Principal Place of Business
14700 GULF BLVD
401
MADEIRA BEACH FL 33708

Mailing Address
REYNOLDS & ASSOC
4501 N. TAMiami TRAIL #212
NAPLES FL 34103



2. Principal Place of Business

3. Mailing Address

8955 Fontana Del Sol Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Naples, FL

4. FEI Number 59-3307757

Applied For
 Not Applicable

Zip

Country

Zip

Country

34109

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

REYNOLDS, NANCY
4501 N. TAMiami TRAIL #212
NAPLES FL 33940

Name

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

8955 Fontana Del Sol Way

City

FL

Zip Code
34109

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WALTER, ERNST G**
STREET ADDRESS **150-153RD AVE. E. STE 2048**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14700 Gulf Blvd, 401**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **D** ☐ Delete
NAME **ROSANEE, WALTER**
STREET ADDRESS **14700 GULF BLVD, 401**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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 line empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
Nancy Reynolds, Agent

4/18/02 **(239) 593-6006**
 Date Daytime Phone #

CR2E034 (9/01)

GENERAL POWER OF ATTORNEY

(With Durable Provision)

#994 000069757

779141

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

TO ALL PERSONS, be it known that I, Ernst Walter, President of Serfico Investments, Inc. the undersigned Grantor, do hereby make and grant a general power of attorney to Nancy K. Reynolds of Reynolds & Associates, Inc. and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (N) below for which the grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision.)

- | | |
|-------|---|
| [] | (A) Real estate transactions |
| [] | (B) Chattel and goods transactions |
| [] | (C) Bond, share and commodity transactions |
| [X] | (D) Banking transactions |
| [X] | (E) Business operating transactions |
| [X] | (F) Insurance transactions |
| [] | (G) Estate transactions |
| [] | (H) Claims and litigation |
| [X] | (I) Personal relationships and affairs |
| [] | (J) Benefits from military service |
| [X] | (K) Records, reports and statements |
| [] | (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select |
| [] | (M) All other matters |

Durable Provision:

- [] (N) If the blank space in the block to the left is initialed by the grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the grantor.

Other Terms:

Attachment

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

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TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this

8th

day of

MARCH

2001

Signed in the presence of:

W. P. Walter

Witness

Grantor

Witness

J. Walter

Attorney-in-Fact

State of
County of

REPUBLIC OF AUSTRIA
CITY OF VIENNA
EMBASSY OF THE
UNITED STATES OF AMERICA } SS

On MARCH 8, 2001

before me,

ERUST WALTER

James D. Pettit
American Consul General

appeared, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

James D. Pettit

James D. Pettit
American Consul General

Affiant _____ Known ☒ Produced ID
Type of ID AUSTRIAN PASSPORT