

DOCUMENT # P95000034236

1. Entity Name

COMMERZ INVESTMENTS CORPORATION

Feb 08, 2000 8:00 a  
Secretary of State

02-08-2000 90179 049 \*\*\*150.00

Principal Place of Business

Mailing Address

5214 SUNSET COURT  
CAPE CORAL FL 33904-865  
US1317 SE 46TH LN  
SUITE 207  
CAPE CORAL FL 33904-8624  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0578983

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHULTZ, RUSSEL  
140 EL DORADO PARKWAY SW  
CAPE CORAL FL 33914

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  
Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PESCH, HELMA	
STREET ADDRESS	5214 SUNSET CT	
CITY-ST-ZIP	CAPE CORAL FL 85	

TITLE	D	<input type="checkbox"/> Delete
NAME	THIERSMANN, LYDIA	
STREET ADDRESS	1317 SE 46TH LN, SUITE 207	
CITY-ST-ZIP	CAPE CORAL FL 24	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change
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TITLE		<input type="checkbox"/> Change
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 I 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 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 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
02-04-00 94  
Date