

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90126 007 ***150.00

0607386 AV

DOCUMENT # P95000065064
1. Entity Name
WIELAND REICHLE, INC.

Principal Place of Business
606 BALD EAGLE DRIVE SUITE 500
MARCO ISLAND FL 34145
1203 WHITEHEART CT,
MARCO ISLAND, FL 34145

Mailing Address
606 BALD EAGLE DRIVE SUITE 500
MARCO ISLAND FL 34145
SAME

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip **Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0612144** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
WOODWARD, CRAIG R
606 BALD EAGLE DRIVE SUITE 500
C/O WOODWARD PIER ANDESON LOMBARDO PA
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
GEROLD KHAUERHASE
ACCOUNTANT
City **1106 DORCHESTER CT.** **FL** **Zip Code**
NAPLES FL 34104

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 *Gerold Kauerhase* **GEROLD KHAUERHASE** **2/21/02**
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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHLE, WIELAND 606 BALD EAGLE DRIVE SUITE 500 MARCO ISLAND FL 33937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHLE, MARGIT 606 BALD EAGLE DRIVE SUITE 500 MARCO ISLAND FL 33937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address with all other title empowered.

SIGNATURE: *WIELAND REICHLE* **2/21/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0307034 (9/01)