

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90114 045 \*\*\*150.00

**DOCUMENT # P96000047212**

1. Entity Name

**GASSNER DEVELOPMENT, INC.**

Principal Place of Business

**1140 LEE BLVD  
 STE 101  
 LEHIGH ACRES FL 33936  
 US**

Mailing Address

**P.O. BOX 1361  
 LEHIGH ACRES FL 33970**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0769779**

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

**PFUNER, HEINZ S**

**613 L'HOMMEDIU STREET**

**LEHIGH ACRES FL 33936**

Name

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

**1140 Lee Blvd.**

**Ste. 101**

City

**Lehigh Acres**

**FL**

**33970**

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 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **GASSNER, ANDREAS**  
 STREET ADDRESS **720 SOUTHWEST 53RD TERRACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **VP** ☐ Delete  
 NAME **GASSNER, KUNIGUNDE**  
 STREET ADDRESS **720 S.W. 53RD TERRACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33970**

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

TITLE **TS** ☐ Delete  
 NAME **PFUNER, HEINZ S**  
 STREET ADDRESS **PO BOX 1361**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33970-1361**

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

TITLE **VP** ☐ Delete  
 NAME **FUNER, JOHANN P**  
 STREET ADDRESS **PO BOX 1361**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33970**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **PFUNER JOHANN**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/02**

Date

**239 369 8389**

Daytime Phone #

CR2E034 (9/01)