

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90034 049 \*\*\*158.75

0388176

**DOCUMENT # P96000048157**

1. Entity Name

**CAPE INVESTMENT GROUP, INC.**

Principal Place of Business

1710 E CAPE CORAL PKWY  
CAPE CORAL FL 33904

Mailing Address

1710 E CAPE CORAL PKWY  
CAPE CORAL FL 33904

2. Principal Place of Business

3501 DEL PRADO BLVD. S

Suite, Apt. #, etc.

200

City & State

CAPE CORAL FLORIDA

3. Mailing Address

3501 DEL PRADO BLVD. S

Suite, Apt. #, etc.

200

City & State

CAPE CORAL FLORIDA

Zip

33904

Country

USA

Zip

33904

Country

USA

6. Name and Address of Current Registered Agent

RIEDLINGER, THOMAS  
1710 E. CAPE CORAL PRWY.  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

RIEDLINGER, THOMAS

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

3501 DEL PRADO BLVD. SOUTH

SUITE 200

City

CAPE CORAL

FL

Zip Code

33904

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

04-01-01

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, 2001 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

TITLE **PSTD** ☐ Delete  
NAME **RIEDLINGER, THOMAS**  
STREET ADDRESS **1710 E CAPE CORAL PKWY.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☐ Addition  
NAME **RIEDLINGER, THOMAS**  
STREET ADDRESS **3501 DEL PRADO BLVD. SOUTH, SUITE 200**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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:

**THOMAS RIEDLINGER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-01

Date

941-945-3899

Daytime Phone #

CR2E034 (10/00)