

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90051 028 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000048157

1. Entity Name
CAPE INVESTMENT GROUP, INC.



Principal Place of Business
3501 DEL PRADO BLVD S
SUITE 200
CAPE CORAL, FL 33904

Mailing Address
3501 DEL PRADO BLVD S
SUITE 200
CAPE CORAL, FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0687511

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RIEDLINGER, THOMAS
3501 DEL PRADO BLVD S
SUITE 200
CAPE CORAL, FL 33904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas Riedlinger, Pres.

05-01-03

DATE

Signature, typed or printed name of registered agent and info if applicable

(NOTE: Registered Agent's signature required when mailing)

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$160.00

MAIL CHECK PAYABLE TO: Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIEDLINGER, THOMAS 3501 DEL PRADO BLVD SOUTH SUITE 200 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Riedlinger, Pres. 05-01-03 739-945-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)