

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90053 006 ***150.00

DOCUMENT # P96000091510



1. Entity Name
VILLA CINDERELLA, INC.

Principal Place of Business
**1105 CAPE CORAL PARKWAY, E.
CAPE CORAL FL 33904**

Mailing Address
**1105 CAPE CORAL PARKWAY, E.
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 **65-0706918**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WRIGHT, CHRISTINE F ESQ~~
**1105 CAPE CORAL PKWY, EAST
SUITE C
CAPE CORAL FL 33904**

Name
Darrin R. Schutt, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1105 Cape Coral Parkway, East
Suite C
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Darrin R. Schutt

2-26-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003. Fee will be \$550.00
Make 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

TITLE	D <input type="checkbox"/> Delete
NAME	LEISTRITZ, WILFRIED HEINZ
STREET ADDRESS	SCHLEDEBRUECK STR 31
CITY-ST-ZIP	33332 GUETERSLOH, GERMANY
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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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: *SIGNATURE OF P. VILLE CINDERELLA, INC.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.22.03

Date Daytime Phone #

CR2E034 (10/02)