

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90365 015 ***150.00

DOCUMENT # P96000097028

1. Entity Name

OYSTER CREEK PROPERTY & FINANCE INC.

Principal Place of Business

~~1858 RINGLING BLVD~~

~~SARASOTA FL 34236~~

~~US~~

Mailing Address

~~1858 RINGLING BLVD~~

~~SARASOTA FL 34236~~

~~US~~

2. Principal Place of Business

2600 Oberon Road

Suite, Apt. #, etc.

3. Mailing Address

Ringstrasse 6

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

64404 Bickenbach

Zip

Country

34224

USA

Zip

Country

Germany

4. FEI Number

65-0712708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLENNING, BENE M

1858 RINGLING BLVD

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name **Carroll S. Barco Jr.**

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

Barco's Accounts and Tax Service

1861 Phlox Rd H201

City **ENGLEWOOD**

FL

Zip Code **34223**

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

TITLE **D** ☐ Delete
NAME **LOWITSCH, DIETHELM**
STREET ADDRESS **2600 OBERON ROAD**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/26/02

Date

Daytime Phone #

CR2E034 (9/01)