

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90121 034 ***150.00

DOCUMENT # **P97000017492**

1. Entity Name
CASPAR INVESTMENTS, INC.



Principal Place of Business
~~610 EURO AMERICAN FIN.~~
~~20000 SPANISH WELLS BLVD.~~
~~BONITA SPRINGS FL 34135~~

Mailing Address
~~610 EURO AMERICAN FIN.~~
~~20000 SPANISH WELLS BLVD.~~
~~BONITA SPRINGS FL 34135~~



2. Principal Place of Business
1537 VINTAGE LA

3. Mailing Address
40 G. & M. KNAUERHASE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BRIARWOOD UNIT 3, B.B.L. 2

1106 DORCHESTER CT.

City & State
NAPLES FL

City & State
NAPLES, FL 34104

Zip
34104

Country
USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3436496**

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

~~AMBURN, JAMES W~~ **GEROLD KNAUERHASE**
~~20000 SPANISH WELLS BLVD.~~ **ACCOUNTANT**
~~BONITA SPRINGS FL 34135~~ **1106 DORCHESTER CT.**
NAPLES, FL 34104
188-28-0376

Name **GEROLD KNAUERHASE**
Street Address (P.O. Box acceptable) **ACCOUNTANT**
1106 DORCHESTER CT.
NAPLES, FL 34104
188-28-0376
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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/03

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 **PSTD**
NAME **GURETZKY-CORNITZ, JACK-ROLF V** ☐ Delete
STREET ADDRESS **AUT DEM ROTHENBERG 11**
CITY-ST-ZIP **D-50667 KOLN, GERMANY**

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

TITLE **V** ☐ Delete
NAME **HOTTMANN, HANS GUENTER**
STREET ADDRESS **BRESLAUER STR. 22**
CITY-ST-ZIP **D-57339 ERNDTEBRUCK, GERMANY**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: **VON GURETZKY-CORNITZ, JACK-ROLF** *[Signature]* **02/22/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)