

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90083 020 \*\*\*150.00

**DOCUMENT # P97000023320**

1. Entity Name

~~ELAINE C. SHERER IMMOBILIEN, INC.~~  
**TROPICAL IMMOBILIEN REALTY, INC.**

Principal Place of Business

1639 E CAPE CORAL PKWY  
 SUITE 103  
 CAPE CORAL FL 33904

Mailing Address

1639 E CAPE CORAL PKWY  
 SUITE 103  
 CAPE CORAL FL 33904

UUUJJU81



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0735550**

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

TROPICAL IMMOBILIEU REALTY  
 1639 E CAPE CORAL PKWY  
 STE 103  
 CAPE CORAL FL 33904

Name **MILBERG, SVEN**

Street Address (P.O. Box Number is Not Acceptable)  
**2552 SW 28TH PLACE**

City **CAPE CORAL**

FL

Zip Code **33914**

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 *Sven Milberg* (GENERAL MANAGER) SVEN MILBERG 04-04-2001  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**  Delete  
 NAME **SHERER, ELAINE C**  
 STREET ADDRESS **3265-3 NEW SOUTH PROVINCE BOULEVARD**  
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **DIPITIS**  Change  Addition  
 NAME **MARIANNE C. JACKOWSKI**  
 STREET ADDRESS **119 SE 42ND STREET**  
 CITY-ST-ZIP **CAPE CORAL, FL. 33904**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Change  Addition  
 NAME **MERCEDES LARA**  
 STREET ADDRESS **710 SE 42ND LANE**  
 CITY-ST-ZIP **CAPE CORAL, FL. 33904**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: *Marianne C. Jackowski* (PRESIDENT) **MARIANNE C. JACKOWSKI** 4/4/01 (941)541-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)