

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 IMMOBILIEN 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 ☐ Change ☒ Addition
NAME DIPITIS
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 ☐ Change ☒ Addition
NAME V
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
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STREET ADDRESS
CITY-ST-ZIP

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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)