

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024316

1. Entity Name

APH PROPERTY INVESTMENTS, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

04-06-2000 90003 025 ***150.00

Principal Place of Business

ERNEST A. SEEMANN, ESQ.
1105 CAPE CORAL PARKWAY, E.
CAPE CORAL FL 33904

Mailing Address

ERNEST A. SEEMANN, ESQ.
1105 CAPE CORAL PARKWAY, E.
CAPE CORAL FL 33904-9175

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

APPLIED FOR

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

SEEMANN, ERNEST A
1105 CAPE CORAL PKWY EAST
SUITE C
CAPE CORAL FL 33904

Name

CHRISTINE E. WRIGHT, ESQ

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

1105 CAPE CORAL PKWY 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.

SIGNATURE

Christine E. Wright

(NOTE: Registered Agent signature required when reinstating)

1/17/2000

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
VALSTER, ADRIANUS
NIEUWLANDSEWEGD 3216 LJABENBROCK
THE NETHERLANDS 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
VALSTER, ADRIANUS
RINGDYK 72
2982XH BIDDERSMA NETHERLANDS ☒ Change ☐ Addition

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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: A. VALSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02th MARCH 2000 (31) 10 4140744

Date

Daytime Phone #