

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043695

1. Entity Name

FONTANA PARADISE CORPORATION

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90330 039 ***150.00

Principal Place of Business

C/O RICCIANI MATHIS & JESSEM
6371-4 PRESIDENTIAL COURT
FORT MYERS FL 33919
US

Mailing Address

BOPSERWALDSTR. 74
STUTT GART. GERMANY D-70184

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6371-4 Presidential Ct

Fort Myers FL

33919

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0771356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEEMANN, ERNEST A ESQ
1105 CAPE CORAL PKWY. EAST
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Andrew G. Jensen

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

6371-4 Presidential Ct.

City

Fort Myers

FL

Zip Code

33919

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

Andrew G. Jensen

Andrew G. Jensen

4/13/01

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

TITLE PD
NAME GOEHRING, KLAUS PETER
STREET ADDRESS BOPSEWALDSTR. 74
CITY-ST-ZIP D-70180 STURT GART, GERMANY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
NAME
STREET ADDRESS
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:

Klaus Peter Goehring

Klaus Peter Goehring

4/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)