

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060410

1. Entity Name

TRACO-BAYSIDE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90862 035 ***150.00

Principal Place of Business

471 PRIMROSE CT
FORT MYERS BEACH FL 33931
US

Mailing Address

471 PRIMROSE CT
FORT MYERS BEACH FL 33931-3178
US

2. Principal Place of Business

166 SW 53 TER.

3. Mailing Address

1217 E. CAPE CORAL PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 200

City & State

CAPE CORAL

City & State

CAPE CORAL

Zip

Country

33914 FL

Zip

Country

33904 FL

4. FEI Number

65-0767158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAUL, ANTHONY
2246 SE 28TH ST
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

SAUERWEIN, ERNST

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

166 SW 53 TER.

City

CAPE CORAL

State

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

ERNST SAUERWEIN, PRESIDENT

Ernst Sauerwein 4-27-00

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, 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAUL, ANTHONY R	
STREET ADDRESS	471 PRIMROSE CT	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	VST	<input type="checkbox"/> Delete
NAME	SAUERWEIN, ERNST	
STREET ADDRESS	471 PRIMROSE CT	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUERWEIN, ERNST	
STREET ADDRESS	166 SW 53 TER.	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUERWEIN, ERNST	
STREET ADDRESS	166 SW 53 TER.	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ernst Sauerwein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

941 742-7352

Daytime Phone #

CR2E034 (9/99)