

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065921

1. Entity Name

VATTER INVESTMENT, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90276 026 ***150.00

Principal Place of Business

4001 TAMiami TRAIL N
SUITE 265
NAPLES FL 34103

Mailing Address

4001 TAMiami TRAIL N
SUITE 265
NAPLES FL 34103

2. Principal Place of Business

4901 Tamiami Trail North
Suite, Apt. #, etc.

3. Mailing Address

4901 Tamiami Trail North
Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3466396

Applied For

Not Applicable

Zip

34103

Country

Collier

Zip

34103

Country

Collier

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

U.S. INVESTOR SERVICES INC.
4901 TAMiami TRAIL NORTH
NAPLES FL 34103-3010

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	DPT	<input type="checkbox"/> Delete
NAME	VATTER, JURGEN	
STREET ADDRESS	4001 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	VATTER, MARGOT	
STREET ADDRESS	4001 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL 34103	
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	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vatter, Jurgen	
STREET ADDRESS	4901 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vatter, Margot	
STREET ADDRESS	4901 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34103	
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:

VATTER JURGEN

01-24-01

941-213-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)