

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90062 014 ***158.75

0388183

DOCUMENT # P97000070427

1. Entity Name
GERMAN REAL ESTATE & MORTGAGE CORP.

Principal Place of Business 1710 EAST CAPE CORAL PARKWAY CAPE CORAL FL 33904	Mailing Address 1710 EAST CAPE CORAL PARKWAY CAPE CORAL FL 33904
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C0046036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3501 DEL PRADO BLVD. S Suite, Apt. #, etc. 200 City & State CAPE CORAL FLORIDA	3. Mailing Address 3501 DEL PRADO BLVD. S Suite, Apt. #, etc. 200 City & State CAPE CORAL FLORIDA
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4. FEI Number 65-0777041	Applied For Not Applicable
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Zip 33904	Country USA	Zip 33904	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIEDLINGER, THOMAS 1710 EAST CAPE CORAL PKWY CAPE CORAL FL 33904	7. Name and Address of New Registered Agent Name RIEDLINGER THOMAS Street Address (P.O. Box Number is Not Acceptable) 3501 DEL PRADO BLVD. SOUTH SUITE 200 City CAPE CORAL FL Zip Code 33904
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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], THOMAS RIEDLINGER, PRESIDENT DATE 04-01-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RIEDLINGER, THOMAS 1710 EAST CAPE CORAL PARKWAY CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RIEDLINGER, THOMAS 3501 DEL PRADO BLVD., SUITE 200 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature], THOMAS RIEDLINGER DATE 04-01-01 941-945-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)