

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 049 ***150.00

DOCUMENT # P97000083607

1. Entity Name

SUNCAPE DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

643502

2. Principal Place of Business

1318 Lafayette St.

3. Mailing Address

1318 Lafayette St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-0792774

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Thomas W. Hill

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

1318 Lafayette St.

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

Thomas W. Hill

Thomas W. Hill

4/17/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

DPST

NAME

Krause, Peter

STREET ADDRESS

Oweges 30-D

CITY-ST-ZIP

Mieders, Austria A-6142

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

Krause, Gabriele

STREET ADDRESS

Oweges 30-D

CITY-ST-ZIP

Mieders, Austria A-6142

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Krause Gabriele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-02

Date

941-549-2444

Daytime Phone #

CR2E034B (12/01)