

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091683

1. Entity Name

FIVE STAR INVESTMENTS OF S.W. FLA, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90049 028 ***150.00

Principal Place of Business

5507 SW 5TH AVE
 CAPE CORAL FL 33914
 US

Mailing Address

424 SW 37 TERR
 CAPE CORAL FL 33914-5852
 US

2. Principal Place of Business

3. Mailing Address

879 Miramar St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Cape Coral FL

Zip

Country

Zip
 33904

Country

USA

4. FEI Number

65-0795904

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESBAILLETS, ANETTE
 424 SW 37TH TER
 CAPE CORAL FL 33914

Name
 Anette Desbaillets

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

879-B Miramar 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

Anette Desbaillets
 Signature, typed or printed name of registered agent and title if applicable.

Anette Desbaillets

(NOTE: Registered Agent signature required when reinstating)

4-6-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 DREWITZ, HELMUT
 5507 SW 5TH AVE
 CAPE CORAL FL 33914 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD S D
 Drewitz Helmut
 5507 SW 5th Ave
 Cape Coral, FL 33914 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VSD
 COENEN, MICHAEL
 5507 SW 5TH AVE
 CAPE CORAL FL 33914 ☒ Delete

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)