

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098554

1. Entity Name

SCHELLENBERG OF CAPE CORAL, INC.

Principal Place of Business

1505 S.E. 40TH ST.
SUITE C
CAPE CORAL FL 33904

Mailing Address

1505 S.E. 40TH ST.
SUITE C
CAPE CORAL FL 33904

2. Principal Place of Business

2620 SW 52nd Lane

3. Mailing Address

6371-4 Presidential Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

FORT MYERS, FL

Zip

33914-6652

Country

LEE

Zip

33919

Country

Lee

4. FEI Number

65-0888826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

H.S. BLAIR & ASSOCIATES INC
1505 SE 40TH STREET
SUITE C
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

ANDREW G. JESSEN

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

6371-4 PRESIDENTIAL COURT

City

FORT MYERS

FL

Zip Code

33919

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

Andrew G. Jessen

Andrew G. Jessen

4/26/01

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	D	<input type="checkbox"/> Delete
NAME	SCHELLENBERG, WALTER	
STREET ADDRESS	RACKEBUELLER WEG 78	
CITY-ST-ZIP	D-12305 BERLIN, GERMANY	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHELLENBERG, CHRISTA	
STREET ADDRESS	RACKENBUELLER WAY #78	
CITY-ST-ZIP	BERLIN, GERMANY D1-2305	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	RACKEBUELLER WEG 78	
CITY-ST-ZIP	D-12305 BERLIN, GERMANY	
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:

Walter Schellenberg

WALTER SCHELLENBERG 4/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)