

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90119 038 ***150.00

DOCUMENT # P97000099051

1. Entity Name

PLANET BAUARIA, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

17131 ALICO CENTER RD

Suite, Apt. #, etc.

FORT MYERS, FL

City & State

33912

U.S.

Zip

Country

3. Mailing Address

17131 ALICO CENTER RD.

Suite, Apt. #, etc.

FORT MYERS, FL

City & State

33912

U.S.

Zip

Country

4. FEI Number

65-0799393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0063563

6. Name and Address of Current Registered Agent

WALTER WIESMUELLER
 370 BELVILLE BLVD
 NAPLES, FL 34104

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 releasing)

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 \$650.00

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	PTD	☐ Delete
NAME	ROSALIA M. WIESMUELLER	
STREET ADDRESS	370 BELVILLE BLVD	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	USO	☐ Delete
NAME	WALTER WIESMUELLER	
STREET ADDRESS	370 BELVILLE BLVD.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: X

Rosalia M. Wiesmueller

X 04/25/01

R. Wiesmueller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo

CR2034 (11/00)