

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004565

1. Entity Name

CATHARINA VICTORIA COMPANY, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90025 049 ***550.00

Principal Place of Business

5100 S CLEVELAND AVE STE 318-318
FT MYERS FL 33907

Mailing Address

5100 S CLEVELAND AVE STE 318-318
FT MYERS FL 33907

2. Principal Place of Business

12154 STAR SHELL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1318 LAFAYETTE STREET

Suite, Apt. #, etc.

City & State

MATLACHA, FLORIDA

Zip

33991

Country

LEE

City & State

CAPE CORAL, FLORIDA

Zip

33904

Country

LEE

4. FEI Number

65-0886916

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSWALD, HERMANN

5100 S CLEVELAND AVE STE 318-318
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

OSWALD HERMANN

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

12154 STAR SHELL DRIVE

City

MATLACHA

FL

Zip Code

33991

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 reinstating)

07/12/2000

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OSWALD, HERMANN**
STREET ADDRESS **5100 S CLEVELAND AVE STE 318-318**
CITY-ST-ZIP **FT MYERS FL 33907**TITLE **D** ☐ Delete
NAME **OSWALD, DAGMAR**
STREET ADDRESS **5100 S CLEVELAND AVE STE 318-318**
CITY-ST-ZIP **FT MYERS FL 33907**TITLE **D** ☐ Delete
NAME **HILL, THOMAS W**
STREET ADDRESS **1318 LAFAYETTE ST.**
CITY-ST-ZIP **CAPE CORAL FL 33904**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE

PRESIDENT
OSWALD HERMANN

07/12/2000

(941) 549-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #