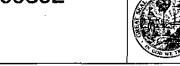
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P98000009892 **DOCUMENT#**

1. Entity Name BERNWAL OF LEE COUNTY, INC.



**FILED** Apr 24, 2003 8:00 am Secretary of State

017 \*\*\*150.00

04-24-2003 90230 0

Principal Plac 5374 CORTEZ CAPE CORAL		Mailing Address C/O ASI. INC 825 SE 47TH TER CAPE CORAL FL 33904								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			n immermos dem stans löstla mesti medler emler		a intel inite	- (126) O 160 L 1440	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State			4. 6	4. FEI Number 65-1007875			pplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. (				3.75 Additional e Required	
	6. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	7. 1	Name and Address of New Registe				
				Name						
DIETZ, RA			Street Address			(P.O. Box Number is Not Acceptable)				
4420 SW				0						
CAPE CO	RAL FL 33914								į	
				City			FL	Zip Cod	de et	
	named entity submits this statement for ions of registered agent.	or the purpose of changing	its registere	ed office or regi	stered ag	ent, or both, in the State of Florida.	l am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (N	IOTE: Registered	d Agent signature req	uired when re	sinstating) D	ATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	of State				Election Campaign Financing     Trust Fund Contribution.	9 🗅		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND D	IRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RINGHOF, BERND M 5374 CORTEZ CT ÇAPE CORAL FL 33904	☐ Delete		i				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINGHOF, WALTRAUD H 5374 CORTEZ CT CAPE CORAL FL 33904	☐ Delete					Ε	□ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			· · · · · · · · · · · · · · · · · · ·		С	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	Delete	CITY-	ET ADDRESS ST-ZIP	-0	440 07(0)(i) F		Change	Addition	

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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: