FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **P98000024650** CAPE WATERVIEW APARTMENTS CORP. 04-16-2001 90056 031 ***158.75 Principal Place of Business Mailing Address 1710 F CAPE CORAL P. 1710 E CAPE CORAL P. CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address 501 DEL PKADO BLUD. SOUN 3501 DEC PRAPOBLUO.S. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 200 City & State City & State APPLIED FOR 4. FEI Number Applied For CAPE FLOKIDA CORAL CAPE FLORIDA Not Applicable CORAL Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIEDLINGER, THOMAS RIEDLINGER, THOMAS Street Address (P.O. Box Number is Not Acceptable) 3501 DEL PRADO BLVD. 1710 E. CAPE CORAL PKWY. CAPE CORAL FL 33904 City CAPE 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 RIEDLINGER - PKESIDENT THOMAS SIGNATURE nted name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD **PSTD** Delete Change : ☐ Addition TITLE TITLE RIEDLINGER, THOMAS NAME NAME RIEDLINGER, THOMAS STREET ADDRESS 1710 E. CAPE CORAL PKWY STREET ADDRESS 3501 NEL PKAPO BLUD. SOUTH, # 200 CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-7IP CORAL, FL 33904 TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐.Delete...-☐ Change ☐ Addition TITLE _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR