

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025139

1. Entity Name

BAULEITUNGS-UND BAUBETREUGSSERVICE CORP.

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90072 046 \*\*\*158.75

Principal Place of Business

Mailing Address

1710 E CAPE CORAL PL  
CAPE CORAL FL 33904

621 EAST CAPE CORAL PARKWAY  
SUITE 3  
CAPE CORAL FL 33904-8590

2. Principal Place of Business

3. Mailing Address

1710 E CAPE CORAL P

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAPE CORAL FLORIDA

4. FEI Number

65-0887807

Applied For

Not Applicable

Zip

Country

Zip

Country

33904

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

H.S BLAIR, ASSOCIATES INC.  
1505 SE 40 ST STE C  
CORAL GABLES FL 33904

Name

RIEDLINGER, THOMAS

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

1710 EAST CAPE CORAL PKWY.

City

CAPE CORAL

FL

Zip Code

33904

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.

THOMAS RIEDLINGER

04-11-00

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
LA ROCCO, ROBERT J  
1505 SE 40 ST STE C  
CAPE CORAL FL 33904 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
RIEDLINGER, THOMAS  
1710 EAST CAPE CORAL PKWY.  
CAPE CORAL, FLORIDA 33904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

PRESIDENT

04-11-00 941-945-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #