

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90152 035 ***550.00

DOCUMENT # P98000077138

1. Entity Name
BOSCH TROPICAL GARDEN APARTMENTS, INC.

Principal Place of Business

**4034 CORONADO PARKWAY
 CAPE CORAL FL 33904**

Mailing Address

**P.O. BOX 152055
 CAPE CORAL FL 33915**

2. Principal Place of Business

3724 Del Prado Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

4. FEI Number

65-0871042

Applied For

Not Applicable

Zip

Country

Zip

Country

33904 Lee

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

**TREALOUT, PENNYLYNN A CPA
 1100 PONDELLA ROAD
 UNIT 514
 FORT MYERS FL 33903**

Name

Bosch Stephan

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

3724 Del Prado Blvd

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stephan Bosch
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07-16-02

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, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **BOSCH, STEPHAN**
 STREET ADDRESS **4034 CORONADO PARKWAY**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **P** ☒ Change ☐ Addition
 NAME **Bosch Stephan**
 STREET ADDRESS **3724 Del Prado Blvd**
 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-16-02 239-540-0010

Date

Daytime Phone #

CR2E034 (4/02)