

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90509 022 ***150.00

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DOCUMENT # P98000077138

1. Entity Name
BOSCH TROPICAL GARDEN APARTMENTS, INC.



Principal Place of Business
**3724 DEL PRADO BLVD.
CAPE CORAL FL 33304**

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

11002629



2. Principal Place of Business

3. Mailing Address

1520 SE 46th LANE

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

Zip

33915

Country

USA

4. FEI Number

65-0871042

Applied For

☐ Not Applicable

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

**STEPHAN, BOSCH
3724 DEL PRADO BLVD.
CAPE CORAL FL 33304**

Name

STEPHAN BOSCH

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

1520 SE 46th LANE

SUITE B

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BOSCH, STEPHAN	
STREET ADDRESS	3724 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

4/11/03 (239) 540-0096

Date

Daytime Phone #

CR2E034 (10/02)