

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90242 037 ***150.00

DOCUMENT # P98000084094

1. Entity Name

ALDWEL OF FLORIDA, INC.

Principal Place of Business

**2221 S.W. 43RD LANE
 CAPE CORAL FL 33914**

Mailing Address

**2221 S.W. 43RD LANE
 CAPE CORAL FL 33914**

2. Principal Place of Business

5012 SW 17AV

3. Mailing Address

2221 SW 43LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL

City & State

CAPE CORAL

Zip

33914

Country

FLA

Zip

33914

Country

FLA

6. Name and Address of Current Registered Agent

**DEROUEN, SHELLY A
 1953 COLONIAL BOULEVARD
 FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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, 2002 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

TITLE **PTD** ☐ Delete
 NAME **HIEBER-SCHENKEL, ANDREA**
 STREET ADDRESS **2221 S.W. 43RD LANE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **VPSD** ☐ Delete
 NAME **SCHENKEL, LIESCLOTTE**
 STREET ADDRESS **2221 S.W. 43RD LANE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)