

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084417

1. Entity Name

CAPE CORAL APARTMENTS CORP.

Principal Place of Business

1710 E. CAPE CORAL P.
CAPE CORAL FL 33904

Mailing Address

1710 E. CAPE CORAL P.
CAPE CORAL FL 33904

2. Principal Place of Business

3501 DEL PRADO BLVD. S

Suite, Apt. #, etc.

200

City & State

CAPE CORAL FLORIDA

Zip

33904

Country

USA

3. Mailing Address

3501 DEL PRADO BLVD. S

Suite, Apt. #, etc.

200

City & State

CAPE CORAL FLORIDA

Zip

33904

Country

USA

6. Name and Address of Current Registered Agent

RIEDLINGER, THOMAS
1710 EAST CAPE CORAL PKWY
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
RIEDLINGER, THOMAS
Street Address (P.O. Box Number is Not Acceptable)
3501 DEL PRADO BLVD SOUTH
SUITE 200
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 - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

04-01-01

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, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	RIEDLINGER, THOMAS	
STREET ADDRESS	1710 E. CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDLINGER, THOMAS	
STREET ADDRESS	3501 DEL PRADO BLVD. SOUTH, SUITE 200	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS RIEDLINGER

04-01-01

Date

941-945-3899

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90034 048 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)