## **2001 UNIFORM BUSINESS REPORT (UBR)**

indicated on this report

changed, or on an attack

SIGNATURE:

or supplemental

NAME OF SIGNING OF

## Feb 05, 2001 8:00 am DOCUMENT # P98000085163 **Secretary of State** MEYER'S ROSE GARDEN CORPORATION 02-05-2001 90106 002 \*\*\*150.00 Principal Place of Business Mailing Address 1318 LAFAYETTE ST 1318 LAFAYETTE ST CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0367678 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 1318 LAFAYETTE ST CAPE CORAL FL 33904 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Addition ☐ Change TITLE Delete TITLE MEYER, GUNTGER NAME NAME 5703 SW 9TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL 33914 VPSD ☐ Change ☐ Delete TITLE ☐ Addition TITLE MEYER, GISELA NAME NAME STREET ADDRESS 5703 SW 9TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL 33914 TITLE ☐ Change ☐ Addition TITLE Delete GRANICA, CATHERINE NAME NAME JOSEF BAUMANN STR. 10 STREET ADDRESS STREET ADDRESS 44805 BOCHUM GER-MANY CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE HILL THOMAS W NAME NAME 1318 LAFAYETTE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP With this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the statutes is a statute of the same transfer of the same tra 13. I hereby certify that the information supp