

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099140

1. Entity Name

WATERFRONT IMMOBILIEN, INC.

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

04-12-2001 90169 029 ***158.75

Principal Place of Business

1710 E. CAPE CORAL PKWY
CAPE CORAL FL 33904

Mailing Address

1710 E. CAPE CORAL PKWY
CAPE CORAL FL 33904

C0045822



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

65-0323143

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIEDLINGER, THOMAS
1710 E. 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 #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

THOMAS RIEDLINGER - PRESIDENT

04-01-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

THOMAS RIEDLINGER

04-01-01

941-945-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0388187