

# 2000 UNIFORM BUSINESS REPORT (UBR)

0473533

DOCUMENT # P98000107087

1. Entity Name

INTER BUILDING HAUS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 9:13

Principal Place of Business

Mailing Address

401 17TH AVENUE SOUTH  
NAPLES FL 34102

481 17TH AVENUE SOUTH  
NAPLES FL 34102

P.O. 3143  
Naples, FL 34106

2. Principal Place of Business

898 5th Ave S.

3. Mailing Address

P.O. 3143

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

USA

Zip

34106

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3510181

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name Schache, Susanne  
Street Address (P.O. Box Number is Not Applicable) 2304 Harrier Run  
City Naples FL Zip Code 34105

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHACHE, HANS-JUERGEN	
STREET ADDRESS	481 17TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHACHE, SUSANNE	
STREET ADDRESS	481 17TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Susanne Schache	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2304 Harrier Run	
STREET ADDRESS	Naples, FL 34105	
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

09-01-00

Date

Daytime Phone #

AD

CR2E034 (9/99)