

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90018 031 \*\*\*150.00

**DOCUMENT # P98000107087**

1. Entity Name

**INTER BUILDING HAUS, INC.**

Principal Place of Business

**898 5TH AVE SOUTH  
SUITE 301  
NAPLES FL 34102**

Mailing Address

**P.O. BOX 3143  
NAPLES FL 34106**

2. Principal Place of Business

**898 5th Ave S.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Naples, FL.**

City & State

4. FEI Number **59-3510181**

Applied For

Not Applicable

Zip  
**34102**

Country

**USA**

Zip

Country

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

**SCHACHE, SUSAN  
2304 HARRIER RUN  
NAPLES FL 34105**

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

*Susan Schache*

**4-28-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD / CEO** ☐ Delete  
NAME **SCHACHE, SUSANNE**  
STREET ADDRESS **2304 HARRIER RUN**  
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **CEO** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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, changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

*Susan Schache*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-28-01 / 643-1715**

CR2E034 (10/00)