FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 25, 2002 8:00 am P99000000437 DOCUMENT # **Secretary of State** 1. Entity Name 01-25-2002 90007 040 \*\*\*150.00 JAENSCH INVESTMENTS, INC. Principal Place of Business Mailing Address 5701 RIVERSIDE DRIVE 5701 RIVERSIDE DRIVE じしたりょい 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 City & State City & State 4. FEI Number Applied For 65-0895974 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent Name JAENSCH, GEORG Street Address (P.O. Box Number is Not Acceptable) 574 RIVERSIDE DRIVE CAPE CORAL FL 33904 his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub-SIGNATUR e of registered agent and title if applicable. (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 an elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PARO; DENT CR2E034 (9/01 Change : TITLE ☐ Delete TITLE JAENSCH, GEORG NAME NAME 5701 Riverside Prive 574-DIVERGIBE-DRIVE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 frue 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 appress, with all other like empowered.