

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90040 043 \*\*\*150.00

**DOCUMENT # P99000003740**

1. Entity Name

**REIN BAY CORPORATION**

Principal Place of Business

Mailing Address

~~28000 SPANISH WELLS BLVD.~~  
~~#200~~  
~~BONITA SPRINGS FL 34135~~P.O. BOX 279  
BONITA SPRINGS FL 34133

2. Principal Place of Business

3. Mailing Address

8960 Bay Colony Dr. #1701  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Naples, FL

City &amp; State

Zip  
34108Country  
USA

Zip

Country

4. FEI Number **59-3551929**

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

AMBURN, JAMES W  
28000 SPANISH WELLS BLVD.  
SUITE 200  
BONITA SPRINGS FL 34135

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 \_\_\_\_\_

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 DPVT  
NAME REINHARD, WOLFGANG ☐ Delete  
STREET ADDRESS 28000 SPANISH WELLS BLVD.  
CITY-ST-ZIP BONITA SPRINGS FL 34135TITLE S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☒ Delete  
NAME REINHARD, WOLFGANG  
STREET ADDRESS 28000 SPANISH WELLS BLVD.  
CITY-ST-ZIP BONITA SPRINGS FL 34135TITLE ☐ Change ☐ Addition  
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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

WOLFGANG REINHARD

Date

02/21/01

Daytime Phone #

CR2E034 (10/00)