

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90438 015 \*\*\*150.00

**DOCUMENT # P99000007060**

1. Entity Name  
**REKA HOLDING, INC.**



Principal Place of Business  
**5406 CHIQUITA BLVD  
#203  
CAPE CORAL FL 33914**

Mailing Address  
**5406 CHIQUITA BLVD  
#203  
CAPE CORAL FL 33914**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0888538**

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

**GOLDEN B, INC.  
26511 CLARKSTON DRIVE  
BONITA SPRINGS FL 34135**

Name **GOLDEN B, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**18570 DEEP PASSAGE LN**

City **FT. MYERS BEACH FL** Zip Code **33931**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **BERGMANN, REINHARD**  
STREET ADDRESS **5406 CHIQUITA BLVD #203**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **P** ☐ Delete  
NAME **BERGMANN, KAROLA**  
STREET ADDRESS **5406 CHIQUITA BLVD #203**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **D** ☐ Delete  
NAME **BERGMANN, MARGO**  
STREET ADDRESS **5406 CHIQUITA BLVD**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** ☒ Change ☐ Addition  
NAME **BERGMANN, MARCO**  
STREET ADDRESS **5406 CHIQUITA BLVD**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** ☐ Delete  
NAME **BERGNABB, TIM**  
STREET ADDRESS **5408 CHIQUITA BLVD**  
CITY-ST-ZIP **CAPE CORAL FL 3391655**

TITLE **D** ☒ Change ☐ Addition  
NAME **BERGMANN, TIM**  
STREET ADDRESS **5406 CHIQUITA BLVD**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **REINHARD BERGMANN** 01-09-03 2395490412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)