

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025741

1. Entity Name

LEDREAM CONSULTING, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90023 041 ***150.00

Principal Place of Business

Mailing Address

1505 SOUTHEAST 40TH STREET
SUITE C
CAPE CORAL FL 33904

1505 SOUTHEAST 40TH STREET
SUITE C
CAPE CORAL FL 33904-7913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0921515

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Robert J. LaRocco

Street Address (P.O. Box Number is Not Acceptable)

1505 SE 40 Street

Suite C

City

Cape Coral

FL

Zip Code

33904

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 PSTD ☒ Delete
NAME LA ROCCO, ROBERT J
STREET ADDRESS 1505 SOUTHEAST 40TH STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D, P ☐ Change ☒ Addition
NAME JOACHIM SCHOENMAKERS
STREET ADDRESS 3106 E 6TH STREET
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE D, VP ☐ Change ☒ Addition
NAME CHRISTEL SCHOENMAKERS
STREET ADDRESS 3106 E. 6TH STREET
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE Secretary ☐ Change ☒ Addition
NAME ISABEL SCHOENMAKERS
STREET ADDRESS 3106 E. 6TH STREET
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE TREASURER ☐ Change ☒ Addition
NAME OLIVER SCHOENMAKERS
STREET ADDRESS 3106 E 6TH STREET
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

PRESIDENT

JOACHIM SCHOENMAKERS

Date

1/12/2000

Daytime Phone #

941-549-9499

CR2E034 (9/99)