

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055842

1. Entity Name

FLORIDA IMMOBILIEN MANAGEMENT, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90113 014 ***150.00

Principal Place of Business

1105 CAPE CORAL PKWY. EAST. STE. C
CAPE CORAL FL 33904

Mailing Address

1105 CAPE CORAL PKWY. EAST. STE. C
CAPE CORAL FL 33904

2. Principal Place of Business

1426 Shelby Pkwy.
Suite, Apt. #, etc.

3. Mailing Address

1426 Shelby Pkwy.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-0940555

Applied For

Not Applicable

Zip

Country

33904

Zip

Country

33904

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

SCHUTT, DARRIN R

1105 CAPE CORAL PKWY. EAST, STE. C
CAPE CORAL FL 33904

Name

TORSTEN KRAUL

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

1426 SHELBY PKWY.

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

TORSTEN KRAUL

04/30/01

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	D	<input type="checkbox"/> Delete
NAME	KRAUL, TORSTEN	
STREET ADDRESS	1426 SHELBY PKWY.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHUMACHER, HOLGER	
STREET ADDRESS	5249 NAUTILUS DR.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

TORSTEN KRAUL

Date

04/30/01

Daytime Phone #

941-781-4244

CR2E034 (10/00)