

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073167

1. Entity Name

IECW APARTMENTS INC.

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90490 024 \*\*\*150.00

Principal Place of Business

40 COAST TO COAST  
5051 CASTELLO DRIVE #17  
NAPLES FL 34103  
US

Mailing Address

40 COAST TO COAST  
5051 CASTELLO DRIVE #17  
NAPLES FL 34103  
US

2. Principal Place of Business

c/o COAST-TO-COAST REALTY

Suite, Apt. #, etc.

11232 TAHIAHI TRAIL N

City & State

NAPLES FL

Zip

34110-1640

Country

USA

3. Mailing Address

c/o COAST-TO-COAST REALTY

Suite, Apt. #, etc.

11232 TAHIAHI TRAIL N

City & State

NAPLES FL

Zip

34110-1640

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0942939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROLLER, PETRA  
C/O COAST TO COAST INVESTMENT  
5051 CASTELLO DRIVE #17  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

PETRA ROLLER

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

c/o COAST-TO-COAST REALTY

11232 TAHIAHI TRAIL N

City

NAPLES

FL

Zip Code

34110-1640

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

*P. Roller*

*P/R PETRA ROLLER*

*02/09/01*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/TS  
SCHNEIDER, PHILIP  
POSTSTRASSE 23 CH-9001  
ST. GALLEN, SWITZERLAND ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PHILIP SCHNEIDER*

Date

Daytime Phone #

*02/09/01*

CR2E034 (10/00)