

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90148 023 ***150.00

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DOCUMENT # P99000079078

1. Entity Name

INSTITUTE FOR COMMERICAL BUSINESS CORP.



Principal Place of Business

**3508 SW 1ST PLACE
CAPE CORAL FL 33914**

Mailing Address

**1411 CAPE CORAL PARKWAY EAST
CAPE CORAL FL 33904**

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

65-0954551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TOP FLORIDA PROPERTIES, LLC
1411 CAPE CORAL PARKWAY EAST
CORAL GABLES FL 33904**

7. Name and Address of New Registered Agent

Name

TOP FLORIDA IMMOBILIEN REALTY, LLC.

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

1411 CAPE CORAL PKWY. EAST

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. 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)

07-20-2003

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PTD
VERGIN-EKKENGA, ELKE
3508 SW 1ST PLACE
CAPE CORAL FL 33914**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
EKKENGA, JAKOB
3508 SW 1ST PLACE
CAPE CORAL FL 33914**

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elke Vergin-Ekkenga

Date

Telephone #

CR2E034 (4/03)