

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90012 044 ***150.00

DOCUMENT # P99000092324

1. Entity Name

MANAGEMENT SERVICE OF SW FLORIDA, INC.

Principal Place of Business

**2714 SW 39TH TERR.
CAPE CORAL FL 33914**

Mailing Address

**2714 SW 39TH TERR.
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

4. FEI Number **65-0364782**

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

**HARTWICH, JUERGEN
2128 SW 47TH TERR.
CAPE CORAL FL 33914**

Name

Mueller, Wolfgang
Street Address (P.O. Box Number is Not Acceptable)**2714 SW 39TH TERR.**

City

Cape Coral

FL

Zip Code

33914

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 **Mueller, Wolfgang**

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

Wolfgang Mueller

(NOTE: Registered Agent signature required when reinstating)

02-20-2001

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 State10. 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 **PVTS** ☐ Delete
NAME **MUELLER, WOLFGANG**
STREET ADDRESS **2714 SW 39TH TERR.**
CITY-ST-ZIP **CAPE CORAL FL 33914**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MUELLER, WOLFGANG**
STREET ADDRESS **2714 SW 39TH TERR.**
CITY-ST-ZIP **CAPE CORAL FL 33914**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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: **Wolfgang Mueller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wolfgang Mueller, PVTS

Date

02-20-2001 (941) 541-2162

Daytime Phone #

CR2E034 (10/00)