

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90168 040 ***150.00

DOCUMENT # P99000093893

1. Entity Name
CATRONA MANAGEMENT, INC.



Principal Place of Business
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135

Mailing Address
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3605653		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AMBURN, JAMES W
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name ALLURE ACCOUNTING, LLC
Street Address (P.O. Box Number is Not Acceptable) 28000 SPANISH WELLS BLVD
City BONITA SPRINGS FL Zip Code 34135

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.

FRIEDRICH SCHMIDT, MGR

(NOTE: Registered Agent signature required when reinstating)

02/10/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	SZCZESNY, GERALD	
STREET ADDRESS	OWIEDEN FELDSTR R	
CITY-ST-ZIP	30559 HANNOVER GR	
TITLE	S	<input type="checkbox"/> Delete
NAME	DRESSEN, GERHARD	
STREET ADDRESS	OWIEDEN FELD STR R	
CITY-ST-ZIP	30559 HANNOVER GR	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAEHRE, BEATE	
STREET ADDRESS	28000 SPANISH WELLS BOULEVARD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

(239) 289-1864

Date

Daytime Phone #

CR2E034 (10/02)