

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
 02-13-2002 90129 033 ***150.00

02/13/02 AV

DOCUMENT # G90030

1. Entity Name
SHOLTON ASSOCIATES, INC.

Principal Place of Business **Mailing Address**
 6915 SW 57 AVENUE 6915 SW 57 AVENUE
 CORAL GABLES FL 33143 CORAL GABLES FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
same *same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 215

City & State **City & State** **4. FEI Number** **Applied For**
 Miami - Dade, FL 59-2569443 Not Applicable

Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**
 33143 USA ☐ ☐

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
 SHOLTON, GLENN Name
 100 EDGEWATER DR. (316) Street Address (P.O. Box Number is Not Acceptable)
 CORAL GABLES FL 33133 City FL Zip Code

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 **DATE**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00** Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <i>President</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHOLTON, GLENN		NAME		
STREET ADDRESS	100 EDGEWATER DR., #316		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **1-29-02** **(305) 667-4421**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)