

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90501 011 \*\*\*150.00

**DOCUMENT # P00000015533**

1. Entity Name

UTTLEY ASSETS, INC.

Principal Place of Business

4048 EVANS AVENUE SUITE 304  
 FORT MYERS FL 33901

Mailing Address

4048 EVANS AVENUE SUITE 304  
 FORT MYERS FL 33901

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

65-09 86522

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

KNOTT, GEORGE H ESQ  
 HUMPHREY & KNOTT, P.A.  
 1625 HENDRY STREET SUITE 301  
 FORT MYERS FL 33901

Name

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

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

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

(NOTE: Registered Agent signature required when resigning)

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 State**

10. 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	D	<input type="checkbox"/> Delete
NAME	SCHAERF, FREDERICK W MD	
STREET ADDRESS	1051 SUMICA DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919-2621	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLOCK, DONALD D MD	
STREET ADDRESS	10135 GATE PARKWAY NORTH., APT. 1309	
CITY-ST-ZIP	FORT MYERS FL 33919-2621	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RAYMOND A MD	
STREET ADDRESS	1263 MASANABO LANE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick W. Scharf (MD) 03/04/01 939-7777

Date

Daytime Phone #

CR2E034 (10/00)

3279



DO NOT WRITE IN THIS SPACE