

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90075 023 ***150.00

DOCUMENT # P01000120385

1. Entity Name
SCALDI II CORPORATION

Principal Place of Business
 C/O CHARDE, 601 E. ELKCAM CIR., BOX 1488
 MARCO ISLAND FL 34146

Mailing Address
 C/O CHARDE, 601 E. ELKCAM CIR., BOX 1488
 MARCO ISLAND FL 34146



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROLLER, PETRA
 C/O COAST TO COAST INVESTMENT GROUP, INC.
 267 N. COLLIER BLVD., STE. 204
 MARCO ISLAND FL 34145

Name JOHN J. CHARDE
 Street Address (P.O. Box Number is Not Acceptable)
601 E. ELKCAM CIRCLE - A1A
 City MARCO ISLAND FL 34145

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 reinstating)

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, 2002 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 DPST ☒ Delete
 NAME CORBACH, UWE
 STREET ADDRESS C/O CHARDE, 601 E. ELKCAM CIR., BOX 1488
 CITY-ST-ZIP MARCO ISLAND FL 34146

TITLE DPST ☐ Change ☒ Addition
 NAME ROBERT SCHIMEK
 STREET ADDRESS 360 COLUMBUS WAY
 CITY-ST-ZIP MARCO ISLAND FL 34146

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

JOHN J. CHARDE 4-29-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)