

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007017

1. Entity Name

SCENIC ENTERPRISES, INC.

Principal Place of Business

1910 OAKES BLVD
NAPLES FL 34119

Mailing Address

1910 OAKES BLVD
NAPLES FL 34119-8751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK, ANN T
1842 AIRPORT RD S
NAPLES FL 34112

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 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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SIEBOLD, ROBERT	1910 OAKES BLVD NAPLES FL 34119	<input checked="" type="checkbox"/>						
	D	SIEBOLD, JOANNE	1910 OAKES BLVD NAPLES FL 34119	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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:

Joanne Siebold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

941-649-0004

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90122 028 ***150.00

CR2E034 (9/99)