2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90254 011 ***150.00

DOCUMENT # P95000045132

1. Entity Name
SCHELLING AND COTTER, P.A.

Principal Place of Business	Mailing Address
5100 TAMIAMI TRAIL N STE 142 NAPLES FL 34103	999 9TH STREET SOUTH SUITE 103 NAPLES FL 34102-8200 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3227 South Horseshoe Dr	3227 South Horseshoe Dr
Suite, Apt. #, etc.: Suite 108	Suite, Apt. #, etc.: Suite 108
City & State: Naples FL	City & State: Naples FL
Zip: 34104 Country:	Zip: 34104 Country:

4. FEI Number 65-0585841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHELLING, JEFFREY S
999 9TH STREET NORTH
SUITE 103
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 3227 South horseshoe Dr
Suite 108
City Naples FL Zip Code 34104

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] JEFFREY S SCHELLING P.A. 3227 S Horseshoe Drive #108 Naples Florida 34104 — 04/27/2000
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	PTD SCHELLING, JEFF 9100 TOMIAMI TRAIL N STE 42 NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] — 04/27/2000 — 942-261-1796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #