FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90097 021 ***150.00

DOCUMENT # P95000045132

1. Entity Name

Jeffrey S. Schelling P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 Seagate Drive	800 Seagate Dr
Suite, Apt. #, etc. Suite 304	Suite, Apt. #, etc. Suite 304
City & State Naples FL	City & State Naples FL
Zip 34103 Country	Zip 34103 Country

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jeffrey S. Schelling

Street Address (P.O. Box Number is Not Acceptable): 800 Seagate Dr Suite 304

City: Naples **FL** Zip Code: 34103

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 _____ Jeff Schelling 04/30/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Jeff Schelling 800 Seagate Dr Suite 304 Naples, FL 34103
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jeff Schelling 04/30/02 941-262-1796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #