

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90108 026 ***150.00

DOCUMENT # P96000031459

1. Entity Name

G & S SCHOLDERER, INC.

Principal Place of Business

664 S. GULFVIEW BLVD.
CLEARWATER BEACH FL 33767
US

Mailing Address

664 S. GULFVIEW BLVD.
CLEARWATER BEACH FL 33767
US

2. Principal Place of Business

1282 Weybridge Lane
Suite, Apt. #, etc.

3. Mailing Address

1282 Weybridge Lane
Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Dunedin FL

4. FEI Number 65-0668745

Applied For

Not Applicable

Zip

34698

Country

Pinellas

Zip

34698

Country

PINELLAS

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

LOGAN, FRANK C
121 NORTH OSCEOLA AVENUE
SUITE 300
CLEARWATER FL 34615

Name

George H. Scholderer

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

664 S GULFVIEW BLVD

1282 Weybridge Lane

City

Clearwater Dunedin

FL

Zip Code

34698

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 George H. Scholderer

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, 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 checked="" type="checkbox"/> Delete
NAME	LOGAN, FRANK C	
STREET ADDRESS	121 NORTH OSCEOLA AVENUE, SUITE 300	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHOLDERER, GEORGE	
STREET ADDRESS	664 S GULFVIEW BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHOLEDER, SALLY	
STREET ADDRESS	664 S GULFVIEW BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Scholderer George	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1282 Weybridge Ln	
STREET ADDRESS	Dunedin FL 34698	
CITY-ST-ZIP		
TITLE	Scholderer, Sally	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1282 Weybridge Ln	
STREET ADDRESS	Dunedin FL 34698	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: George H. Scholderer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George H. Scholderer

Date

Daytime Phone #

727-733-3391

727-446-1990

CR2E034 (10/00)