

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055330

1. Entity Name

MOLLIKA & SCHOLIN, P.A.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90047 006 \*\*\*150.00

Principal Place of Business

Mailing Address

505 SOUTH FLAGLER DRIVE  
SUITE 1001  
W PALM BEACH FL 33401

505 SOUTH FLAGLER DRIVE  
SUITE 1001  
W PALM BEACH FL 33401-5949

2. Principal Place of Business

3. Mailing Address

505 S. Flagler Drive

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33401

U.S.A.

33401

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOLIN, CHRISTIAN N  
505 SOUTH FLAGLER DRIVE  
SUITE 1001  
W PALM BEACH FL 33401

Name

Christian N. Scholin

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

505 South Flagler Drive

Suite 400

City

West Palm Beach

FL

Zip Code  
33401

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

4/25/00

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  
DS  
MOLLIKA, KIM T  
370 CAMINO GARDENS BLVD #118  
BOCA RATON FL 33432

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
Scholin, Christian N.  
505 South Flagler Drive, Suite 400  
West Palm Beach, FL 33401

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
SCHOLIN, CHRISTIAN N  
505 SOUTH FLAGLER DR #1001  
W PALM BEACH FL 33401

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
Scholin, Christian N.  
505 South Flagler Drive, Suite 400  
West Palm Beach, FL 33401

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Christian N. Scholin

Date

Daytime Phone #

4/25/00 561/655-7711

CR2E034 (9/99)