

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90969 042 ***158.75

DOCUMENT # P97000005259

1. Entity Name
NAPLES TAX ACCOUNTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**5051 CASTELLO DRIVE
SUITE 37
NAPLES FL 34103
US**

**5051 CASTELLO DRIVE
SUITE 37
NAPLES FL 34103
US**

2. Principal Place of Business

5051 CASTELLO DR

3. Mailing Address

5051 CASTELLO DR

Suite, Apt. #, etc.

SUITE 34

Suite, Apt. #, etc.

SUITE 34

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34103

Country

COLLIER

Zip

34103

Country

COLLIER

4. FEI Number **59-3430881**

Applied For

Not Applicable

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

**SCHATSCHNEIDER, SHERRY
10265 N TAMiami TRAIL, STE 5
NAPLES FL 34108**

Name
SHERRY SCHATSCHNEIDER

Street Address (P.O. Box Number is Not Acceptable)
5051 CASTELLO DR #34

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

Sherry Schatschneider

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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	PT	<input type="checkbox"/> Delete
NAME	SCHATSCHNEIDER, SHERRY	
STREET ADDRESS	9101 VANDERBILT DRIVE, #303	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MILLER, KRISTINA L	
STREET ADDRESS	912 LASALLE	
CITY-ST-ZIP	COLORADO SPRINGS CO 81907	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATSCHNEIDER, SHERRY	
STREET ADDRESS	4950 DEERFIELD WAY D203	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN L. MARTIN	
STREET ADDRESS	5051 CASTELLO DR #34	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 is 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:

Sherry Schatschneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

941 4361997

Daytime Phone #

CR2E034 (10/00)