

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91754 011 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

NAPLES TAX ACCOUNTING, INC.

P970000005259

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5051 CASTELLO DR.

Suite, Apt. #, etc.

34

City & State

NAPLES FL

Zip 34103

Country USA

3. Mailing Address

5051 CASTELLO DR.

Suite, Apt. #, etc.

34

City & State

NAPLES FL

Zip 34103

Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Sherry Schatschneider

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

5051 Castello Drive #34

City NAPLES

FL

Zip 34103

**DO NOT WRITE
IN THIS SPACE**

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

4/30/2002

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: PRESIDENT
NAME: SHERRY SCHATSCHNEIDER
STREET ADDRESS: 5051 CASTELLO DR. #34
CITY-ST-ZIP: NAPLES FL 34103

TITLE: VICE PRESIDENT
NAME: BRIAN MARTIN
STREET ADDRESS: 4450 DEERFIELD WAY D203
CITY-ST-ZIP: NAPLES, FL 34110

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

**DO NOT WRITE
IN THIS SPACE**

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:

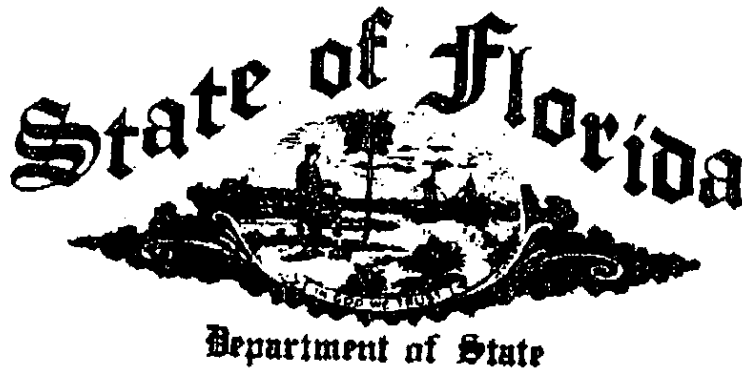
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Schatschneider

Date: 4/30/2002 (239) 436-1997

CR2E034B (12/01)

Attachment# P97000005259



I certify from the records of this office that NAPLES TAX ACCOUNTING, INC. is a corporation organized under the laws of the State of Florida, filed on January 13, 1997.

The document number of this corporation is P97000005259.

I further certify that said corporation has paid all fees due this office through December 31, 2001, that its most recent annual report/uniform business report was filed on May 3, 2001, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



CR2EO22 (1-99)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Tenth day of May, 2001

Katherine Harris

Katherine Harris
Secretary of State

WWW.SUNBIZ.ORG
888-451-6730

← (888) 245-6056 →

Dept of BUSINESS
is Prof. Regulation
1940 N. MONROE ST