

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91330 010 ***150.00

DOCUMENT # **P97000037393**

1. Entity Name
SCALDI CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 601 E. ELKCAM CIRCLE Suite, Apt. #, etc. A-1-A City & State MARCO ISLAND FL Zip 34145 Country USA		3. Mailing Address 601 E. ELKCAM CIRCLE Suite, Apt. #, etc. A-1-A City & State MARCO ISLAND FL Zip 34145 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0750082	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name JOHN J. CHARDE CPA	
Street Address (P.O. Box Number is Not Acceptable) 601 E. ELKCAM CIRCLE	
City STE. A-1-A	
City MARCO ISLAND FL	Zip Code 34145

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE DDVPST	NAME ROBERT A. SHIMICK III	TITLE	
STREET ADDRESS 363 COLUMBUS WAY	CITY-ST-ZIP MARCO ISLAND FL 34145	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	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 fee empowered.

SIGNATURE **Robert A. Shimick III** **ROBERT A. SHIMICK III** **4/13/02** **941-394-2317**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #