

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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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

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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)

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 DDVPST	NAME ROBERT A. SHIMEK III	STREET ADDRESS 363 COLUMBUS WAY	CITY-ST-ZIP MARCO ISLAND FL 34145
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

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