

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 08:00 AM****Secretary of State****DOCUMENT # P97000107413**1. Entity Name
THERESA C. SCHELER, INC.

Principal Place of Business

421 14TH AVE NW

NAPLES
341202302

FL

Mailing Address

421 14TH AVE NW

NAPLES
341202302

FL

2. Principal Place of Business

421 14TH AVE NW

3. Mailing Address

421 14TH AVE NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES

FL

City & State

NAPLES

FL

4. FEI Number

59-3484444

Applied For

Not Applicable

Zip

341202302

Country

US

Zip

341202302

Country

US

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES

33134

US

FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

03/26/2001

DATE

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

TITLE	VTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	341202302	<input type="checkbox"/> Delete
		SCHELER LAWRENCE C	421 14TH AVE NW	NAPLES			

TITLE	PSD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	341202302	<input type="checkbox"/> Delete
		SCHELER THERESA C	421 14TH AVE NW	NAPLES			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	341202302	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		SCHELER LAWRENCE CV-PRES.	421 14TH AVE NW	NAPLES				

TITLE	PSD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	341202302	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		SCHELER THERESA CPRES.	421 14TH AVE NW	NAPLES				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: Theresa C. Scheler - President

PSD

03/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)