

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
 03-02-2001 90065 025 ***150.00

DOCUMENT # P98000036133

1. Entity Name
NAPLES DAY TRADING CENTER, INC.

Principal Place of Business Mailing Address
4077 TAMiami TRAIL NORTH 4077 TAMiami TRAIL NORTH
D-201 D-201
NAPLES FL 34103 NAPLES FL 34103

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0828061**

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

SCHEER, ADAM
4077 TAMiami TRAIL NORTH
D-201
NAPLES FL 34103

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

ADAM SCHEER
 (NOTE: Registered Agent signature required when reinstating)

2/24/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHEER, ADAM | |
| STREET ADDRESS | 784 ASHBURTON DRIVE | |
| CITY-ST-ZIP | NAPLES FL 34110 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHEER, MARGARET W | |
| STREET ADDRESS | 784 ASHBURTON DRIVE | |
| CITY-ST-ZIP | NAPLES FL 34110 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHEER, MICHAEL A | |
| STREET ADDRESS | 784 ASHBURTON DRIVE | |
| CITY-ST-ZIP | NAPLES FL 34110 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
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| 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 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:

Adam Scheer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/01 *941-430-9182*
 Date Daytime Phone #

CR2E034 (10/00)