

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036466

1. Entity Name
EARLY SOLUTIONS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90022 045 ***150.00

Principal Place of Business
5567 TAYLOR ROAD. UNITS 10 & 13
NAPLES FL 34109

Mailing Address
5567 TAYLOR ROAD. UNITS 10 & 13
NAPLES FL 34109

2. Principal Place of Business
5567 TAYLOR ROAD
Suite, Apt. #, etc.
UNITS 10 + 13

3. Mailing Address
5567 TAYLOR ROAD
Suite, Apt. #, etc.
UNITS 10 + 13

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34109

Country
UNITED STATES

Zip
34109

Country
UNITED STATES

4. FEI Number
593570745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NAPLES LAW-DOCK, INC.
C/O QUARLES & BRADY LLP
4501 TAMiami TRAIL NORTH, STE. 300
NAPLES FL 34103

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ERIC SCHMITT 1560 31ST STREET SW NAPLES FL 34117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LEE POLSTER 3310 BERMUDA ISLE CIRCLE #914 NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SABINE MUELLER 17025 WEST ROGERS DRIVE NEW BELLINWI 53151	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CHARLES WOLLEN SAIL 2580 ALTA LOUISE PKWY BROOKFIELD, WI 53005	<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 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
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-01-00 941-593-1090

Date Daytime Phone #

CR2E034 (5/00)

PLEASE BE ADVISED, WE NEVER RECEIVED THE ORIGINAL
DOCUMENT AND REPORTED THIS TO SHAWN @ 850-488-9000.
HE INDICATED THE AMOUNT TO BE \$150.00 TO BE SENT

Attachment # P99000034466
B0105706