

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043879

1. Entity Name

MOZART NAPLES INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90058 005 ***150.00

A0018396



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1821 IMPERIAL G.C. BLVD.
NAPLES FL 34110

1821 IMPERIAL G.C. BLVD.
NAPLES FL 34110

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

59-3584405

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

MIKLAS, CASEY

660 BALD EAGLE DRIVE

MARCO ISLAND FL 34146-0457

Name

SCHAEFER, KARL

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

1821 IMPERIAL G.C. BLVD.

City

NAPLES

FL

34110

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]

OFFICER

01/31/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS SCHAEFER, KARL
CITY-ST-ZIP 1821 IMPERIAL G.C. BLVD.
NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS 1821 IMPERIAL G.C. BLVD.
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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

[Signature]
KARL SCHAEFER

OFFICER

01/31/00

941-593-0751

Date

Daytime Phone #

CR2E034 (9/99)