

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90011 008 ***150.00

DOCUMENT # P99000088471

1. Entity Name
E. W. SCHULTZ CO., INC.

| | |
|---|--|
| Principal Place of Business 1020 EIGHTH AVENUE SUITE ONE NAPLES FL 34102 | Mailing Address 1020 EIGHTH AVENUE SUITE ONE NAPLES FL 34102-6959 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 380 WEDGE DRIVE Suite, Apt. #, etc. | 3. Mailing Address 380 WEDGE DRIVE Suite, Apt. #, etc. |
| City & State NAPLES, FL. | City & State NAPLES, FL. |
| Zip 34103 | Country COLLIER |

| | |
|--|--|
| 4. FEI Number 59-3601307 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
LILES, TERRY A
1020 EIGHTH AVENUE SUITE ONE
NAPLES FL 34102

7. Name and Address of New Registered Agent
 Name **EDWIN W. SCHULTZ, III**
 Street Address (P.O. Box Number is Not Acceptable)
380 WEDGE DRIVE
 City **NAPLES** FL Zip Code **34103**

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 *E. W. Schultz, Pres.* **E. W. Schultz, Pres.** DATE **3/14/00**
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 \$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 | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 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 |
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| 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: *E. W. Schultz* **E. W. SCHULTZ, PRESIDENT** DATE **3/14/00** DAYTIME PHONE # **944-272-7466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)