2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90050 021 ***158.75

DOCUMENT # P99000104726

1. Entity Name

SCHOENE CONSULTING, INC.

Principal Place of Business: 106 IDAHO ROAD, LEHIGH ACRES, FL 33936

Mailing Address: 106 IDAHO ROAD, LEHIGH ACRES, FL 33936

2. Principal Place of Business	3. Mailing Address
1710 E. CAPE CORAL P.	1710 E. CAPE CORAL P.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL FLORIDA	City & State: CAPE CORAL FLORIDA
Zip: 33904 Country: USA	Zip: 33904 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BODNAK, HELGA
106 IDAHO ROAD
LEHIGH ACRES, FL 33936

7. Name and Address of New Registered Agent

Name: RIEDLINGER, THOMAS
Street Address (P.O. Box Number is Not Acceptable): 1710 EAST CAPE CORAL PKWY.
City: CAPE CORAL **FL** Zip Code: 33904

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], THOMAS RIEDLINGER 04-24-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PVSD	SCHOENE, BRITTA	1710 EAST CAPE CORAL PKWY.	CAPE CORAL - FLORIDA - 33904	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	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: Britta Schöne by Thomas Riedlinger as attorney in fact [signature] 04-24-00 941-945-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #