

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108697

1. Entity Name

DONALD K. SCHOLD AND ASSOCIATES, CHARTERED

Principal Place of Business

239 AIRPORT ROAD. SOUTH
NAPLES FL 34104

Mailing Address

239 AIRPORT ROAD. SOUTH
NAPLES FL 34104

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

59-361-2155

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

SCHOLD, DONALD K
2640 GOLDEN GATE PARKWAY
SUITE 202
NAPLES FL 34105

Name: Donald K. Schold, Esq.
Street Address (P.O. Box Number is Not Acceptable)
239 Airport Rd. South
City: Naples FL Zip Code: 34104

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, 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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: SCHOLD, DONALD K
STREET ADDRESS: 2640 GOLDEN GATE PARKWAY, SUITE 202
CITY-ST-ZIP: NAPLES FL 34105

☐ Delete

TITLE: Owner
NAME: Donald K. Schold
STREET ADDRESS: 239 Airport Rd. South
CITY-ST-ZIP: Naples, FL 34104

☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90165 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)