

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAR 26 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F00000001834
1. Entity Name
Schoeller Wavin Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5401 W. Kennedy Blvd.
Suite, Apt. #, etc.
Suite 711
City & State
Tampa, FL
Zip
33609
Country
USA

3. Mailing Address
P.O. Box 13052
Suite, Apt. #, etc.
City & State
Tampa, FL
Zip
33681
Country
USA

4. FEI Number 59-3634227
Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Nancy J. Sanders
Street Address (P.O. Box Number is Not Acceptable)
5401 W. Kennedy Blvd., Ste. 711
City Tampa, FL Zip Code 33609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nancy J. Sanders*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBOKX, Erik 5401 W. Kennedy Blvd., Ste. 711 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFKAMP, Rene 5401 W. Kennedy Blvd., Ste. 711 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDERS, Nancy J. 5401 W. Kennedy Blvd., Ste. 711 Tampa, FL 33609
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy J. Sanders*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy J. Sanders, Secretary

3/21/03

Date

813/634-8242

Daytime Phone #

CR2E034B (12/02)

2/3/20