

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F70800

1. Entity Name

SCHWARZE ENTERPRISES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90126 024 ***150.00

Principal Place of Business

Mailing Address

601 PONCE DE LEON BLVD
P.O. BOX 691
DELEON SPRINGS FL 32130-3336
US

450 CORDOVA
P.O. BOX 691
DELEON SPRINGS FL 32130-0691

LUUU4777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2201780

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHWARZE, PATRICIA
450 CORDOVA
DELEON SPRINGS FL 32130

Name

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

City

FL

Zip Code

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) ☐

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 PV
NAME SCHWARZE, PATRICIA
STREET ADDRESS 450 CORDOVA
CITY-ST-ZIP DELEON SPRINGS, FL 00000 ☐ Delete

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

TITLE TS
NAME SCHWARZE, PATRICIA
STREET ADDRESS 450 CORDOVA
CITY-ST-ZIP DELEON SPRINGS FL ☐ Delete

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

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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

PATRICIA A SCHWARZE

Date

1/9/00

Daytime Phone #

(904) 965-5644

CR2E034 (9/99)