

UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **H 63615**
 1. Entity Name **Doc Schroeder Inc. Realtors**

FILED
 02 DEC 16 PM 2:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3962 Fifth Ave N
 Suite, Apt. #, etc.

3. Mailing Address
519 161 Ave E.
 Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
Redington Bch FL

Zip
33713 Country **USA**

Zip
33708 Country **USA**

4. FEI Number
592663573

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name **Edward H. Schroeder**

Street Address (P.O. Box Number is Not Acceptable)
519-161 Ave E

City **Redington Beach** **FL** Zip Code **33708**

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 _____ (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)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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	P / S / T / D Edward H. Schroeder 519 161 Ave E Redington Beach FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V / Vice Secretary / M Rhonda Schroeder 3962 Fifth Ave N. St. Petersburg, FL 33713
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward H. Schroeder* *Dec 12/02* *(727) 392-8807*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #