

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H76398

1. Entity Name
BARRY E. SCHMOYER & ASSOCIATES, INC.

Principal Place of Business

2831 RINGLING BLVD.
217E
SARASOTA FL 34237
US

Mailing Address

P. O. BOX 49827
~~CITE 899~~
SARASOTA FL 34230
US

2. Principal Place of Business

4932 Hidden Oaks Trail

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34232

Country

USA

City & State

Zip

Country

4. FEI Number

59-2585417

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

TIM GENSMEYER
2831 RINGLING BLVD.
SUITE 202A
SARASOTA FL 34237

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
SCHMOYER, BARRY E.
2831 RINGLING BL. #217E
SARASOTA FL 34237 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
Schmoyer, BARRY E.
4932 Hidden Oaks Trail
SARASOTA, FL 34232 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 a signature, with all other like empowered.

SIGNATURE:

Barry Schmoyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90097 041 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)