

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 31, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000009785**1. Entity Name
SCHAEFFER THOMPSON, INC.**Principal Place of Business**

209 SE 4TH STREET

DANIA
33004

FL

Mailing Address

209 SE 4TH STREET

DANIA
33004

FL

2. Principal Place of Business

511 S 21ST AVENUE

Suite, Apt. #, etc.
N/ACity & State
HOLLYWOOD

FL

Zip
33020

Country

3. Mailing Address

511 S 21ST AVENUE

Suite, Apt. #, etc.
N/ACity & State
HOLLYWOOD

FL

Zip
33020

Country

4. FEI Number☒ Applied For
☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSEYMOUR GARY
209 SE 4TH STREETDANIA
33004

FL

7. Name and Address of New Registered Agent**Name**

SEYMOUR GARY VP

Street Address (P.O. Box Number is Not Acceptable)
511 S 21ST AVENUE

N/A

City
HOLLYWOOD

FL

Zip Code
33020

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 **GARY SEYMOUR**

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

(NOTE: Registered Agent signature required when reinstating)

07/31/2001

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**

TITLE	D	☐ Delete
NAME	SEYMOUR GARY	
STREET ADDRESS	209 SE 4TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	☐ Delete
NAME	SEYMOUR AMANDA	
STREET ADDRESS	209 SE 4TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	SEYMOUR GARY	
STREET ADDRESS	511 S 21ST AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	☒ Change ☐ Addition
NAME	SEYMOUR AMANDA	
STREET ADDRESS	511 S 21ST AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: GARY SEYMOUR

D

07/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)