

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90060 011 \*\*\*150.00

**DOCUMENT # P97000075965**  
 1. Entity Name  
**SCHOOLER ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
~~400 E. TARPON AVE~~      P.O. BOX 639  
**TARPON SPRINGS FL 34689**      **TARPON SPRINGS FL 34688**  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**433 E. Tarpon Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3466432**      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  
**GASSMAN, ALAN S PA**  
**1245 COURT STREET**  
**SUITE 102**  
**CLEARWATER FL 38756**

7. Name and Address of New Registered Agent  
 Name **Scott P. Swope, Esq**  
 Street Address (P.O. Box Number is Not Acceptable) **2555 Enterprise Road, Ste. 15**  
**P.O. Box 16892**  
 City **Clearwater**      FL      Zip Code **33763**

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 *Scott P. Swope*      **SCOTT P. SWOPE**      **2-19-02**  
Signature, typed or printed name of registered agent and 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, 2002 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                      | <b>D</b> <input type="checkbox"/> Delete |
| NAME                       | <b>POIRIER, SUSAN M</b>                  |
| STREET ADDRESS             | <b>P.O. BOX 639</b>                      |
| CITY-ST-ZIP                | <b>TARPON SPRINGS FL 34688</b>           |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |
| NAME                       | <b>RAMSAY, PATRICK</b>                   |
| STREET ADDRESS             | <b>4501 CHARTLEY CIR</b>                 |
| CITY-ST-ZIP                | <b>ROSWELL GA 30075</b>                  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan Poirier*      **Susan Poirier**      **Vice President**      **727-9383313**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)