

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90058 006 ***150.00

DOCUMENT # K22481

1. Entity Name

SCHWARZER DIVERSIFIED, INC.



Principal Place of Business

% BARNEY J. SCHWARZER
401 N.E. 19TH AVENUE, SUITE 34
DEERFIELD BEACH FL 33441

Mailing Address

% BARNEY J. SCHWARZER
401 N.E. 19TH AVENUE, SUITE 34
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1246461

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAMBROS, JOYCE A	
STREET ADDRESS	6100 BROADVIEW ROAD	
CITY-ST-ZIP	CLEVELAND OH 44134	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS, LARRY	
STREET ADDRESS	32976 WOOD SPRING CIRCLE	
CITY-ST-ZIP	NORTH KINGSVILLE OH	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHWARZER, DORIS	
STREET ADDRESS	401 NE 19TH AVE #34	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHWARZER, DORIS J	
STREET ADDRESS	401 NE 19TH AVE #34	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME	HEIDI L. LAMBROS	
STREET ADDRESS	1301 S. WABASH	
CITY-ST-ZIP	CHICAGO, IL 60605	
TITLE		<input type="checkbox"/> Delete
NAME	HEIDI L. LAMBROS	
STREET ADDRESS	1301 S. WABASH	
CITY-ST-ZIP	CHICAGO, IL 60605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	APUSURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIDI L. LAMBROS	
STREET ADDRESS	1301 S. WABASH	
CITY-ST-ZIP	CHICAGO, IL 60605	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIDI L. LAMBROS	
STREET ADDRESS	1301 S. WABASH	
CITY-ST-ZIP	CHICAGO, IL 60605	
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		

12. 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 10 or Block 11 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

Date

Daytime Phone #

JOYCE A. LAMBROS

2/19/04