

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90322 010 ***158.75

DOCUMENT # 160188

1. Entity Name

SCHWEBKE-SHISKIN & ASSOCIATES INC

Principal Place of Business

Mailing Address

3240 CORPORATE WAY
 MIRAMAR FL 33025

3240 CORPORATE WAY
 MIRAMAR FL 33025-3910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0606279

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHISKIN, JAMES P.
 1407 S.W. GLENCOE CT.
 PT. ST. LUCIE FL 34952

Name: **ALFONSO C. TELLO**

Street Address (P.O. Box Number is Not Acceptable)
SCHWEBKE-SHISKIN & ASSOCIATES, INC.

3240 Corporate Way


Miramar, FL 33025

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:  **ALFONSO C. TELLO SEC. TREAS., DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-2000
19512
\$ 158.75

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, 2000 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 | Delete |
|-------|------------------|--------------------|-------------|-------------------------------------|
| D | SHISKIN, RICHARD | 3240 CORPORATE WAY | MIRAMAR FL | <input type="checkbox"/> |
| PD | SHISKIN, JAMES | 3240 CORPORATE WAY | MIRAMAR FL | <input type="checkbox"/> |
| D | BURNS, DONALD | 3240 CORPORATE WAY | MIRAMAR FL | <input checked="" type="checkbox"/> |
| VPD | JACKSON, ROBERT | 3240 CORPORATE WAY | MIRAMAR FL | <input type="checkbox"/> |
| STD | TELLO, ALFONSO | 3240 CORPORATE WAY | MIRAMAR FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|--------------------|----------------|--------------------|--------------------|-------------------------------------|--------------------------|
| PRESIDENT/DIRECTOR | ROBERT JACKSON | 3240 CORPORATE WAY | MIRAMAR FLA. 33025 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DIRECTOR | JAMES SHISKIN | 3240 CORPORATE WAY | MIRAMAR FLA. 33025 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)