## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## 357967 **DOCUMENT #**

1. Entity Name

FREELAND AND SCHUH, INC.



**FILED** Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90183 009 \*\*\*550.00



NAPLES FL 3 US	ort-pulling RD. 4104	Mailing Address 950 SE 11 AVE CAPE CORAL FL 33990 US								
2. Principal Place of Business 1229 AIRPORT PULLING RD N		3. Mailing Address 1229 AIRPORT PULLING RD. N.								
Suite, Apt.		Suite, Apt. #, etc.				☑ CHECK HERE IF MAKING CHANGES				
City & State	<u></u>	City & State NAPUES FL			<b>4.</b> FE	El Number <b>59-1283523</b>			oplied For ot Applicable	
Zip 34104-1	Country	Zip 34104-611.6.	try LEL	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
<u>⊃104-</u> 0	6. Name and Address of Current R		<u> </u>		7. Name and Address of New Registered Agent					
FREELAN 92 MYRTL NAPLES F		Street Address			dress (P.	nard G. Freeland  (P.O. Box Number is Not Acceptable)  Eugenia Drive				
				City Na	ples			FL	Zip Cod	108
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.  8/38/03										
SIGNATURE.	Signature, typed or printed name of registered agery an	d title if applicable. (NOTE	E: Registere	d Agent signature	e required w	rhen rein	nstating)	DATE	.,,,,,	<del></del>
After Se Make Check	ILE NOW!!! FEE IS \$550.00 otember 10, 2003 Fee will be \$750.0 Payable to Florida Department of	State					9. Election Campaign Fin Trust Fund Contribution	n.	Adde	00 May Be d to Fees
10.	OFFICERS AND D				ADDITIONS/CHANGES TO C		DITIONS/CHANGES TO OFF		_	
TITLE NAME STREET ADDRESS   CITY-ST-ZIP	FREELAND, CHRISTOPHER 917 CYPRESS LAKE CIR FORT MYERS FL 33919								☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	SD Delete FREELAND, BERNARD G. 92 MYRTLE ROAD NAPLES FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Beri 127 Naf	o, 5, nard Euge oles	ecretary d G. Freeland enia Drive , FL 34108		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			**************************************		المنهوب المستولية	· <del>* 0.5</del> 4.	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .	1						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete				,			☐ Change	☐ Addition (
12. Thereby of indicated of the correctanged,	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an accuracy	his filing does not qualify for rue and accurate and that m refer to execute this report in a other like empowered.	the exerny signat as requir	mption state ure shall hav ed by Chap	d in Sec ve the sa ter 607,	tion 11 ame le Florida	19.07(3)(i), Florida Statutes. I ggal effect as if made under c a Statutes; and that my name	further certi eath; that I ar appears in	fy that the i n an officer Block 10 or	nformation or director r Block 11 if

SIGNATURE: