

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 537748

1. Entity Name

SCHROEDER AND OWENBY, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90223 002 ***150.00

Principal Place of Business

Mailing Address

815 WEST PEAR ST.
P.O. BOX 868
LAKELAND FL 33802-7868

815 WEST PEAR ST.
P.O. BOX 868
LAKELAND FL 33802-0868

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 59-1846936

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

SCHROEDER, GEORGE
815 WEST PEAR ST.
LAKELAND FL 33801

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if 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, 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	<input type="checkbox"/> Delete
PD	SCHROEDER, GEORGE	312 PALENCIA PLACE	LAKELAND FL	<input type="checkbox"/>
TD	SCHROEDER, MICHAEL	6534 SUNSET RIDGE RD	LAKELAND FL	<input type="checkbox"/>
D	SCHROEDER, DOROTHY	312 PALENCIA PLACE	LAKELAND FL	<input type="checkbox"/>
D	SCHROEDER, TERRY	4415 HARDEN BLVD	LAKELAND FL	<input type="checkbox"/>
D	HUTCHISON, KELLEY	6858 HAYTER CT	LAKELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input 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)(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22400 863-682-5146

CR2E034 (9/99)