

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 611707

1. Entity Name

SCHULL BUILDERS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90073 004 ***150.00

Principal Place of Business

1361 BEDFORD PL.
SUITE 101
MELBOURNE FL 32940
US

Mailing Address

1361 BEDFORD PL.
SUITE 101
MELBOURNE FL 32940-1975
US

2. Principal Place of Business

1331 Bedford Dr.
Suite # 103
Melbourne, FL
32940 USA

3. Mailing Address

1331 Bedford Dr.
Suite # 103
Melbourne, FL
32940 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2058453

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

SCHULL, GARY W.

~~799 THRASHER DR.~~

~~VIERA FL 32955~~

4250 STONEY PT. RD.
Melbourne, FL
32940

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 PD
NAME SCHULL, GARY W
STREET ADDRESS 1361 BEDFORD DR STE 101
CITY-ST-ZIP MELBOURNE FL 32940

TITLE
NAME
STREET ADDRESS 1331 Bedford Dr. Ste 103
CITY-ST-ZIP Melbourne FL 32940

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)