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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000493

FILED
01 JUL 26 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

SCHLITT ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
2027 INDIAN RIVER BLVD. VERO BEACH FL 32960	2027 INDIAN RIVER BLVD. VERO BEACH FL 32960

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number 65-0991281 ☐ 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
GARRIS, CHARLES E 817 BEACHLAND BOULEVARD VERO BEACH FL 32963	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. Capital Contributions as Shown on record. $2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. $1,500,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G67265	STREET ADDRESS	
NAME	SCHLITT CONSULTING SERVICES, INC.		
STREET ADDRESS	2027 INDIAN RIVER BLVD.	CITY-ST-ZIP	
CITY-ST-ZIP	VERO BEACH FL 32960		
DOCUMENT #		STREET ADDRESS	300004509883--4
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CR2E003 (5/01)

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 7/23/01 561-567-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #