

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000134

1. Entity Name

EDGAR VON SCHEELE & COMPANY, LTD.

Principal Place of Business

6119 CALLAGHAN RD.
SAN ANTONIO TX 78228

Mailing Address

6119 CALLAGHAN RD.
SAN ANTONIO TX 78228

2. Principal Place of Business

3. Mailing Address

P.O. BOX 40279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SAN ANTONIO, TX

Zip

Country

Zip

Country

78229

USA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

74-1894373

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

TOWNSEND, WILLIAM L JR

200 REID ST

PALATKA FL 32177

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.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # F00000002273
NAME LASER PRINTERS, INC.
STREET ADDRESS 6119 CALLAGHAN RD
CITY-ST-ZIP SAN ANTONIO TX 78228

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

Edgar von Scheele
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/01 (210) 6806112

Date

Daytime Phone #

CR2E003 (11/00)