

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
 02-05-2002 90107 005 ***150.00

OFFICIAL AV

DOCUMENT # F01000004456

1. Entity Name
MCHAEUSZER, INC.

Principal Place of Business
405 CAMPUS ST.
CELEBRATION FL 34747

Mailing Address
P.O. BOX 470194
CELEBRATION FL 34747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
405 Campus ST-
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 470194-
 Suite, Apt. #, etc.

City & State
Celebration Florida
 Zip
34747
 Country
U.S.A.

City & State
Celebration Florida
 Zip
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4. FEI Number **87-0645605** 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

HAEUSZER, DAVID
405 CAMPUS ST.
CELEBRATION FL 34747

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 *David Haeuszer* **1/14/02**
 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, 2002 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 **CP** ☐ Delete
 NAME **HAEUSZER, DAVID**
 STREET ADDRESS **405 CAMPUS ST.**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCST** ☐ Delete
 NAME **HAEUSZER, TERESA**
 STREET ADDRESS **405 CAMPUS ST.**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 NAME
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 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: *David Haeuszer Pres.* **1/14/02.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2E034 (9/01)