

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90178 040 \*\*\*550.00

0148223 AB

**DOCUMENT # F02000001395**

1. Entity Name  
**SCHILLER AMERICA, INC**



Principal Place of Business  
**11300 N W 41ST ST  
MIAMI FL 33178**

Mailing Address  
**6572 KIRKLUND CIR  
HUNTINGTON BEACH CA 92647-5626**



2. Principal Place of Business

3. Mailing Address

**11300 NW 41st St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami, FL**

Zip

Country

**33178**

**USA**

4. FEI Number **33-0328918**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUFF, H DAVID  
1407 E ROBINSON ST  
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **H. David Luff**

Title: **Attorney**

DATE **7/10/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
SCHILLER, ALFRED A  
ALTGASSE 68, 6341 BAAR  
SWITZERLAND**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JOBSON, ANDREW S  
1175 HWY A1A APT 507  
SATELLITE BEACH FL 32937-2417**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Jobson, Andrew S.  
1121 Crandon Blvd., # D 504  
Key Biscayne, FL 33149**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
SCHMID, ERICH  
6572 KIRKLUND CIR  
HUNTINGTON BEACH CA 92647-5626**

☒ Delete

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

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12. 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 10 or Block 11 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

8/27/03

Date

786-845-0620

Daytime Phone #

CR2E034 (4/03)