

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005658

1. Entity Name

SCHAARDT & FULLAN, ARCHITECTS, P.C.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90044 005 \*\*\*158.75

Principal Place of Business

Mailing Address

~~2099 BELLMORE AVE.~~  
BELLMORE-NY-11710

~~2099 BELLMORE AVE.~~  
BELLMORE-NY-11758-2388

2. Principal Place of Business

690 BROADWAY

3. Mailing Address

Suite, Apt. #, etc.

MASSAPEQUA N.Y.

City & State

City & State

4. FEI Number 11-2786955

Applied For

Not Applicable

Zip 11758

Country MASSAU

Zip

Country

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADISON, LYNDA  
533 N.E. 13TH ST.  
FT. LAUDERDALE FL 33304

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 reinstalling)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  
(See criteria on back)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FULLAN, ROBERT  
STREET ADDRESS 2099 BELLMORE AVE. 690 BROADWAY  
CITY-ST-ZIP BELLMORE-NY-11710 MASSAPEQUA, N.Y.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 11758

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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

ROBERT FULLAN PRESIDENT

1/5/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #