2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005658

1. Entity Name

SCHAARDT & FULLAN, ARCHITECTS, P.C.

Principal Place of Business	Mailing Address
690 BROADWAY MASSAPEQUA NY 11758	690 BROADWAY MASSAPEQUA NY 11758

2. Principal Place of Business	3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. 7844 S.E. SPICEWOOD-CL..	Suite, Apt. #, etc. P.O. BOX 1324	
City & State HOBE SOUND, FL.	City & State HOBE SOUND, FL.	4. FEI Number 11-2786955
Zip 33475-1324 Country HAAF USA.	Zip 33475-1324 Country	5. Certificate of Status Desired ☐

Applied For / Not Applicable

$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 JANET FULLAN Street Address (P.O. Box Number is Not Acceptable) 7844 S.E. SPICEWOOD CL. P.O. Box 1324 City HOBE SOUND FL Zip Code 33475-1324

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 X *Janet Fullan*

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 1/27/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FULLAN, ROBERT 690 BROADWAY MASSAPEQUA NY 11758	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP FULLAN ROBERT 7844 S.E. SPICEWOOD CL HOBE SOUND, FL. 33475-1324	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 Full*   1/27/01   561-220-8833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #