

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001927

1. Entity Name

SCHREIBER & ASSOCIATES, P.C.

f

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90014 003 \*\*\*150.00

Principal Place of Business

99 ROSEWOOD DR  
DANVERS MA 01923

Mailing Address

PO BOX 210  
DANVERS MA 01923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3182112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SCHREIBER, JEFFREY A  
99 ROSEWOOD DR  
DANVERS MA 01923 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*SCHREIBER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00

Date

978-762-0100

Daytime Phone #

CH2E034 (5/00)

DOC# F99000001927

BUSINESS AND TRIAL LAWYERS

B0103898

SCHREIBER & ASSOCIATES, P.C.

99 ROSEWOOD DRIVE, P.O. BOX 210  
DANVERS, MASSACHUSETTS 01923  
TELEPHONE (978) 762-0100 FACSIMILE (978) 762-0168

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document #F99000001927

July 19, 2000

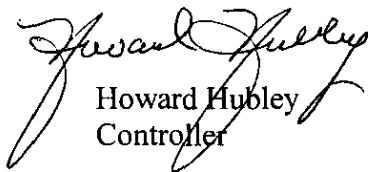
Dear Sir or Madam,

We have just received the Uniform Business Report Filing documentation [ second request ] and never received the first request. We are filing the form as instructed by an associate over the telephone.

Please find enclosed our check for \$150.00, which is accompanying the filing.

If you have any questions, please contact me directly at (978) 762-0100 ext. 229.

Very Truly Yours,

  
Howard Hubley  
Controller

Enclosure