

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90054 040 ***150.00

DOCUMENT # G14518

1. Entity Name
ROBERT E. SCHROEDER, P.A. CERTIFIED PUBLIC ACCOU

Principal Place of Business Mailing Address
ONE FLORIDA PARK DRIVE, SUITE #211 **ONE FLORIDA PARK DRIVE, SUITE #211**
PALM COAST FL 32137 **PALM COAST FL 32137**

AUG 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>One Florida Park Drive, South</i>		3. Mailing Address <i>One Florida Park Drive, South</i>		4. FEI Number 59-2156171		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <i>Suite 211</i>		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip <i>32137-3801</i>	Country				

6. Name and Address of Current Registered Agent SCHROEDER, ROBERT E. ONE FLORIDA PARK DRIVE, SUITE #211 PALM COAST FL 32137				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable) <i>One Florida Park Drive South, Suite 211</i>				Street Address (P.O. Box Number is Not Acceptable)			
City				City			
State				State			
Zip Code				Zip Code			
FL				FL			
32137-3801				32137-3801			

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

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 SCHROEDER, ROBERT E. ONE FLORIDA PARK DR #211 PALM COAST FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>One Florida Park Dr., South #211</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **ROBERT E. SCHROEDER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01
 Daytime Phone # _____

CR2E034 (10/00)