

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G79917

FILED  
Jan 21, 2003  
Secretary of State

**Entity Name:** CLEMENS BRUNS SCHAUB/ARCHITECT AND ASSOCIATES, P.A.

**Current Principal Place of Business:**

3383 OCEAN DRIVE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4160  
VERO BEACH, FL 32963 US

**New Mailing Address:**

P.O. BOX 4160  
VERO BEACH, FL 32964 US

**FEI Number:** 59-2366239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHAUB, CLEMENS B  
3383 OCEAN DRIVE  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHAUB, CLEMENS BRUN, S  
Address: 3383 OCEAN DRIVE  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHAUB, CLEMENS B  
Address: 3383 OCEAN DRIVE  
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEMENS BRUNS SCHAUB

PD

01/21/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date