

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37585

1. Entity Name
KERRY R. SCHWENCKE, P.A.

Principal Place of Business

% KERRY R. SCHWENCKE
1645 PALM BCH LAKES BLVD S720
WEST PALM BEACH FL 33401
US

Mailing Address

% KERRY R. SCHWENCKE
1645 PALM BCH LAKES BLVD S720
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

1209 NORTH OLIVE AVE
Suite, Apt. #, etc.

3. Mailing Address

1209 NORTH OLIVE AVE
Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip
33701

Country
USA

Zip
33701

Country
USA

4. FEI Number

59-2476809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWENCKE, KERRY R.
1645 PALM BEACH LAKES BLVD
STE 720
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1209 NORTH OLIVE AVE
W. P. B., FLA.

City

FL

Zip Code
33701

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 12, 2001 Fee 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
DP
SCHWENCKE, KERRY R.
1645 PALM BEACH LAKES
WEST PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SCHWENCKE, JOHN
1645 PALM BCH LAKES
WEST PALM BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90005 008 ***550.00

00000000



DO NOT WRITE IN THIS SPACE

0071421 AV

CR2E034 (5/01)

9/19/01

561-677-7735