

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90399 039 ***150.00

0374670 AV

DOCUMENT # H37585

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



Principal Place of Business
% KERRY R. SCHWENCKE
1209 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401
US

Mailing Address
% KERRY R. SCHWENCKE
1209 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2476809**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWENCKE, KERRY R.
1209 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SCHWENCKE, KERRY R.**
STREET ADDRESS **1045 PALM BEACH LAKES**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☒ Change ☐ Addition
NAME **1209 NORTH OLIVE AVE**
STREET ADDRESS **W. P. B., FLA. 33401**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SCHWENCKE, JOHN**
STREET ADDRESS **1045 PALM BCH LAKES**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ Change ☐ Addition
NAME **1209 NORTH OLIVE AVE**
STREET ADDRESS **W.P.B., FLA. 33401**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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 *

CR2E034 (10/02)