2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H37585 **DOCUMENT#**

1. Entity Name

KERRY R. SCHWENCKE, P.A.



FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90399 039 ***150.00

						TO WE THE				
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 Pl	ace of Busine	3. Mailing Address					1 7 0 0 1 0 1 0 1 0 0 1 1 1 1 1 1 0 0 0 1 1 1 0 1 1 0 1 1 0 1	OTT OTBIT OFOLI OTBIT OF	DIT DEBET 1004	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State)	City & State				4. F	4. FEI Number 59-2476809 Applied For Not Applicable			
Zip Country			Zip	~~.	Count	try		5. Certificate of Status Desired		
	6. Name a	legistered Agent				7. Name and Address of New Registered Agent				
				Name						
SCHWENC	ke, Kerry	Stroot Address			/PO P	(P.O. Box Number is Not Acceptable)				
1209 NORT	TH OLIVE A	Street Address			ь (г.О. в	oox Normber is not Acceptable)		İ		
WEST PALI	M REACH E							· · · · · ·		
WEST TAB	III DENOTE I									
			′					FL Zip Code	e	
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.										
the obligation	oris or registe	red agent.			k		P	C	.//	}
SIGNATURE Signature, typed or printed named it registered agent and title if applicable. (NOTE: Registered Agent significure required when reinstating) DATE										
	Signature, typed o	r printed name of registered agent	nd title if applicat	ole. (NOTE	: Registered	Agent signature requir	ed when re	einstating) DA	ATE /	
FILE NOW!!! FEZ IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe										
Make Check	Payable to	Florida Department of	State				1			
10.		OFFICERS AND	DIRECTORS		11.		AD	DDITIONS/CHANGES TO OFFICERS		3 IN 11
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12. I hereby ce	ertify that the	information supplied with	this filing doe	s not qualify for	the exer	nption stated in S	Section 1	119.07(3)(i), Florida Statutes. I further	certify that the ir	nformation
indicated o	on this report	or supplemental report is	true and acc	urate and that m	ny signati	ure shall have the	same	legal effect as if made under oath; the	at I am an officer	or director

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under our that rain and accurate and that my signature shall have the same legal effect as it made under our that rain and another of director of the corporation or the receiver of 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:

SIGNAT

Daytime Phone #