## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # J72293** 1. Entity Name SCHWARTZ & NEUWIRTH, P.A. 03-01-2001 90030 030 \*\*\*150.00 Principal Place of Business Mailing Address 1121 OVERCASH DRIVE 1121 OVERCASH DRIVE DUNEDIN FL 34698 **DUNEDIN FL 34698** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2806728 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ, STEVEN P., M.D. Street Address (P.O. Box Number is Not Acceptable) 1121 OVERCASH DRIVE **DUNEDIN FL 34698** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 / 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition CR2E034 (10/00) Change TITLE Delete TITLE SCHWARTZ, STEVEN P. MAME NAME 1121 OVERCASH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Defete ☐ Change Addition TITLE TITLE **NEUWIRTH, ROBERT** NAME NAME 1121 OVERCASH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P **DUNEDIN FL 34698** ☐ Delete ... Change Addition TIT! F TITLE **NEUWIRTH. ROBERT** NAME NAME STREET ADDRESS 1121 OVERCASH DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DUNEDIN FL 34698** Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Addition TITLE ☐ Delete TITLE Change 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 rustee 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 AND TYPED OR PRÍNTED NAME OF SIGNING OFFICER OR DIRECTOR

223/1

Daytime Phone #

**FILED**