

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90012 026 ***150.00

DOCUMENT # J91535

1. Entity Name

SCHOENROCK & ASSOCIATES, INC.

Principal Place of Business

**1041 FAWN CT.
OLDSMAR FL 34677
US**

Mailing Address

**1041 FAWN CT.
OLDSMAR FL 34677
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2848473**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SCHOENROCK, KURT
1041 FAWN CT.
OLDSMAR FL 34677**

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.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|----------------|--------------------------|----------------|-------------|---------------------------------|
| | PTD | | | |
| | SCHOENROCK, KURT | | | |
| | 1041 FAWN CT | | | |
| | OLDSMAR FL 34677 | | | |
| TITLE | S | | | <input type="checkbox"/> Delete |
| NAME | SCHOENROCK, MARIE | | | |
| STREET ADDRESS | 1041 FAWN CT. | | | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | | | |
| TITLE | | | | <input type="checkbox"/> Delete |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | | | <input type="checkbox"/> Delete |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | | | <input type="checkbox"/> Delete |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | | | <input type="checkbox"/> Delete |
| NAME | | | | |
| STREET ADDRESS | | | | |
| 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt Schoenrock

Date

4/26/01

Daytime Phone #

727-767-1016

CR2E034 (10/00)