

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90029 026 ***150.00

DOCUMENT # **L12414**



1. Entity Name
DAVID A. SCHEWE, INC.

Principal Place of Business
P.O. BOX 9530
NAPLES FL 34101
US

Mailing Address
P.O. BOX 9530
NAPLES FL 34101
US



2. Principal Place of Business
Schewe, David A
Suite, Apt. #, etc.
311 27th ST. N.W.

3. Mailing Address
Schewe, David A.
Suite, Apt. #, etc.
311 27th ST N.W.

CHECK HERE IF MAKING CHANGES

City & State
Naples Fl.

City & State
Naples Fl.

4. FEI Number **65-0138304**

Applied For
Not Applicable

Zip **34120** Country **US**

Zip **34120** Country **US**

5. 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

SCHEWE, DAVID A
311 27TH STREET N.W.
NAPLES FL 34120

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 _____ DATE _____
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
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	PST	<input type="checkbox"/> Delete
NAME	SCHEWE, DAVID A	
STREET ADDRESS	311 27TH STREET N.W.	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEWE, ROBIN	
STREET ADDRESS	311 27TH NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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: David A. Schewe **David A Schewe** **1/5/03** **239-455-8879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)