

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90033 023 ***150.00

DOCUMENT # L36638

1. Entity Name
BARANY SCHMITT SUMMERS WEAVER & PARTNERS, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH A. BARANY 1520 ROYAL PALM SQUARE BLVD. #300 FORT MYERS FL 33919-036 US	C/O JOSEPH A. BARANY 1520 ROYAL PALM SQUARE BLVD. #300 FORT MYERS FL 33919-036 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1520 ROYAL PALM SQUARE BLVD	3. Mailing Address 1520 ROYAL PALM SQUARE BLVD
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State FORT MYERS FL	City & State FORT MYERS FL
Zip 33919-1036	Country USA

4. FEI Number 65-0159555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEAVER, RONALD 1520 ROYAL PALM SQUARE BLVD. SUITE 300 FORT MYERS FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHMITT, EUGENE C. 1520 ROYAL PALM SQ BLVD SUITE 300 FORT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEAVER, RONALD G. 1520 ROYAL PALM SQ BLVD SUITE 300 FORT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMERS, KENNETH 1520 ROYAL PALM SQ BLVD SUITE 300 FORT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALIFF, KENNETH 1520 ROYAL PALM SQ BLVD SUITE 300 FORT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERS, DANIEL 5185 CASTELLO DR NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer like empowered.

SIGNATURE: *Ronald G. Weaver* **RONALD G. WEAVER** Date: 04/09/2001 Daytime Phone #: 1-941-270-3838

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