

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90117 013 ***150.00

DOCUMENT # L40622
 1. Entity Name
SCHUCK ACCOUNTING, INC.

Principal Place of Business % W. DONALD SCHUCK 1111 9TH AVENUE WEST SUITE E BRADENTON FL 34205	Mailing Address % W. DONALD SCHUCK 1111 9TH AVENUE WEST SUITE E BRADENTON FL 34209-6125
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business % W. DONALD SCHUCK Suite, Apt. #, etc. 2611 48TH ST W	3. Mailing Address % W. DONALD SCHUCK Suite, Apt. #, etc. 2611 48TH ST W
City & State BRADENTON, FL	City & State BRADENTON, FL

4. FEI Number 65-0162065	Applied For <input type="checkbox"/> Not Applicable
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Zip 34209-6125	Country USA	Zip 34209-6125	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SCHUCK, W. DONALD
 1111 9TH AVENUE WEST
 SUITE E
 BRADENTON FL 34205

7. Name and Address of New Registered Agent
 Name
SCHUCK, W. DONALD
 Street Address (P.O. Box Number is Not Acceptable)
2611 48TH ST W
 City
BRADENTON FL Zip Code
34209-6125

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 **W. DONALD SCHUCK, PRES.** *W. Donald Schuck* **4/10/2000**
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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHUCK, W. DONALD 2611 48TH ST W BRADENTON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHUCK, PHYLLIS J. 2611 48TH ST W BRADENTON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *W. Donald Schuck* **4/10/00** **941-746-6244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #