

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L74579

1. Entity Name

PROPER PERSPECTIVES INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90112 042 ***150.00

Principal Place of Business

% SUSAN SCHWAB
5831 SOUTHWEST 52ND TERRACE
DAVIE FL 33314

Mailing Address

% SUSAN SCHWAB
5831 SOUTHWEST 52ND TERRACE
DAVIE FL 33462-3750

2. Principal Place of Business

c/o SUSAN SCHWAB
Suite, Apt. #, etc.
3120 INDIAN TRAIL

3. Mailing Address

c/o SUSAN SCHWAB
Suite, Apt. #, etc.
3120 INDIAN TRAIL

City & State

LANTANA, FL

City & State

LANTANA, FL

Zip

33462

Country

Zip

33462

Country

4. FEI Number

65-0192364

Applied For

Not Applicable

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

SCHWAB, SUSAN
5831 SW 52ND TERRACE
DAVIE FL 33314

Name

SCHWAB, SUSAN

Street Address (P.O. Box Number is Not Acceptable)

3120 INDIAN TRAIL

City

LANTANA

FL

Zip Code

33462

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

Susan P. Schwab

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAB, SUSAN 5831 SW 52ND TERR DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAB, DORAN 5831 SW 52ND TERR DAVIE FL	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAB, SUSAN 3120 INDIAN TRAIL LANTANA, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAB, DORAN 3120 INDIAN TRAIL LANTANA, FL 33462	<input checked="" 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
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 another like empowered.

SIGNATURE:

Susan P. Schwab
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

561 969 2798

Daytime Phone #