

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90225 030 \*\*\*\*50.00

UNCL 1001

**DOCUMENT #** L99000005745

**1. Entity Name**  
**SCHAEFFER ENTERPRISES LLC.**

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>7257 NW 4TH BLVD<br>PMB 28<br>GAINESVILLE FL 32607 | <b>Mailing Address</b><br>7257 NW 4TH BLVD<br>PMB 28<br>GAINESVILLE FL 32607 |
|--|--|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
|---------------------------------------|---------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



|                                 |  |
|---------------------------------|--|
| <b>4. FEI Number</b> 59-3632332 | Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------|--|

|  |
|--|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |
|--|

**6. Name and Address of Current Registered Agent**

SCHAEFFER, MICHAEL  
 6519 W. NEWBERRY RD., APT 104  
 GAINESVILLE FL 32605

**7. Name and Address of New Registered Agent**

Name: Michael F. Blakey  
 Street Address (P.O. Box Number is Not Acceptable): Peter A. Robertson & Associates, PA.  
 5216 SW 91st Drive  
 City: Gainesville FL Zip Code: 32608

**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: *M. F. Blakey* MICHAEL F. BLAKEY, ATTORNEY 4/13/02  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SCHAEFFER, MICHAEL<br>7257 NW 4TH BLVD, PMB 28<br>GAINESVILLE FL 32607 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Michael A. Schaffer* 4-14-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)