

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90047 012 ****55.00

DOCUMENT # M99000000271

1. Entity Name

CHAPMAN, SCHEWE - FLORIDA, LLC

Principal Place of Business

**2500 CITY WEST BLVD., SUITE 1150
 HOUSTON TX 77042**

Mailing Address

**2500 CITY WEST BLVD., SUITE 1150
 HOUSTON TX 77042**

2. Principal Place of Business

200 E. BROWARD BLVD.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 1125

City & State

FT. LAUDERDALE, FL.

City & State

Zip

Country

33301

USA

Zip

Country

4. FEI Number **59-0340173**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C-T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **CHAPMAN, HARRY S 2500 CITY WEST**
 CITY-ST-ZIP **4177 WEST LOOP SOUTH, SUITE 700 BLVD., #1150**
HOUSTON TX 77027 77042

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **SCHEWE, DANIEL J 2500 CITY WEST**
 CITY-ST-ZIP **4177 WEST LOOP SOUTH, SUITE 700 BLVD., #1150**
HOUSTON TX 77027 77042

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **GRUVERMAN, HOWARD 200 E. BROWARD BLVD,**
 CITY-ST-ZIP **350 S.E. 2ND STREET SUITE 1125**
FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **NORMAN O. RASMUSSEN JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/26/02 (713) 552-1954

Date

Daytime Phone #

CR2E083 (4/02)