

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90110 044 ****55.00

DOCUMENT # M99000000271

1. Entity Name

CHAPMAN, SCHEWE - FLORIDA, LLC



Principal Place of Business

**200 E BROWARD BLVD
SUITE 1125
FORT LAUDERDALE FL 33301**

Mailing Address

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

20025257



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

300 SE 2ND STREET

3. Mailing Address

Suite, Apt. #, etc.

SUITE 620

City & State

FT. LAUDERDALE, FLA.

Zip

33301

Country

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

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

7. Name and Address of New Registered Agent

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
CHAPMAN, HARRY S
2500 CITY WEST BLVD #1150
HOUSTON TX 77042**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**MGR
SCHEWE, DANIEL J
2500 CITY WEST BLVD #1150
HOUSTON TX 77042**

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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**MGR
GRUVERMAN, HOWARD
200 E BROWARD BLVD SUITE 1125
FORT LAUDERDALE FL 33301**

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CITY-ST-ZIP

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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 CFO

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

2/6/03

Date

(713)552-1954

Daytime Phone #

CR2E083 (10/02)

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