

1/19/0

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 8:00 am
Secretary of State**

01-19-2001 90055 049 ***150.00

DOCUMENT # P00000020162

1. Entity Name

M.P. SCHWEITZER INVESTMENTS, INC.

Principal Place of Business

**P O BOX 8552
CORAL SPRINGS FL 33075**

Mailing Address

**P O BOX 8552
CORAL SPRINGS FL 33075**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0984263

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHWEITZER, PETER J
2521 N DIXIE HWY
LAKE WORTH FL 34460**

7. Name and Address of New Registered Agent

**Peter J. Schweitzer
Street Address (P.O. Box Number is Not Acceptable)
4982 W. ATLANTIC BLVD.
City MARLBOROUGH FL Zip Code 33063**

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

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

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

**President
Peter J. Schweitzer
P.O. Box 8552
CORAL SPRINGS FL 33075**☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)