

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038876

1. Entity Name
SCHALLER DESIGNERS, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90014 030 ***150.00

Principal Place of Business 100 PINE NEEDLE CIRCLE DAYTONA BEACH FL 32114		Mailing Address 100 PINE NEEDLE CIRCLE DAYTONA BEACH FL 32114	
2. Principal Place of Business 110 N. BEACH STREET		3. Mailing Address 110 N. BEACH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL		4. FEI Number 59-3647198		Applied For <input type="checkbox"/> Not Applicable	
Zip 32114-3308		Country USA		Zip 32114-3308		Country USA	

6. Name and Address of Current Registered Agent SCHALLER, JACOB 100 PINE NEEDLE CIRCLE DAYTONA BEACH FL 32114				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHALLER, JACOB 100 PINE NEEDLE CIRCLE DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 all other like empowered.

SIGNATURE: **3/20/01 (904) 323 9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)