

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042130

1. Entity Name
CRUVER-SCHOELLES, INC.

Principal Place of Business
**2474 W. TAMPA BAY BLVD., STE. M-402
TAMPA FL 33607**

Mailing Address
**2474 W. TAMPA BAY BLVD., STE. M-402
TAMPA FL 33607**

2. Principal Place of Business
24761 US Hwy 19 N
Suite, Apt. #, etc.
630

3. Mailing Address
24761 US Hwy 19 N
Suite, Apt. #, etc.
630

City & State
Cle Awater

City & State
Cle Awater

4. FEI Number
59-3645501

Applied For
☐ Not Applicable

Zip
33761

Country
Pinellas

Zip
33761

Country
Pinellas

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOURTAS, LOUIS
24761 US HWY. 19 N, STE. 630
CLEARWATER FL 33763

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

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

(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.
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHOLLES, ORIN C
2474 W. TAMPA BAY BLVD., STE. M-402
TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
24761 US Hwy 19 N Ste 630
Cle Awater, FL 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRUVER, MARTIN L
2474 W. TAMPA BAY BLVD., STE. M-402
TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
24761 US Hwy 19 N Ste 630
Cle Awater, FL 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)