

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
 01-26-2001 90131 014 ***150.00

DOCUMENT # P00000042237

1. Entity Name
DISQUE & SCHWAB, P.A.

Principal Place of Business 707 SE 3RD AVE. SUITE 400 FT LAUDERDALE FL 33316	Mailing Address 707 SE 3RD AVE. SUITE 400 FT LAUDERDALE FL 33316
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80010337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 192 N.W. CENTRAL PARK PLAZA	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Lucie West, FL	City & State
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4. FEI Number 65-1004433	Applied For <input type="checkbox"/> Not Applicable
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Zip 34986	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DISQUE, PHILIP A
 707 SE 3RD AVE, SUITE 400
 FT LAUDERDALE FL 33316**

Name **CURTIS L. DISQUE**
 Street Address (P.O. Box Number is Not Acceptable)
192 N.W. CENTRAL PARK PLAZA
 City **St. Lucie West FL** Zip Code **34986**

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 **CURTIS L. DISQUE President** DATE **1/17/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DISQUE, PHILIP A 707 SE 3RD AVE, SUITE 400 FT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CURTIS L. DISQUE 1587 S.W. BELGRAVE TERR. STUART, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles A. Schwab Vice-President 4499 Kirby Loop Rd Ft. Pierce, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **CURTIS L. DISQUE** DATE **1/17/01** (561) 878-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)