2002 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2002 8:00 am § Secretary of State DOCUMENT # P00000042237 1. Entity Name 03-12-2002 90277 013 ***150.00 DISQUE & SCHWAB, P.A. Principal Place of Business Mailing Address 192 NW CENTRAL PARK PLAZA 707 SE 3RD AVE. SUITE 400 ST. LUCIE WEST FL 34986 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 190 N.W. Central Park Plaza Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number ice West FL 65-1004433 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **DISQUE, CURTIS** Street Address (P.O. Box Number is Not Acceptable) 192 NW CENTRAL PARK PLAZA ST. LUCIE WEST FL 34986 Zip Code 8. The above named entity subn 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) ne of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete TITLE ☐ Change DISQUE, CURTIS NAME NAME STREET ADDRESS 1587 SW BELGRAVE TERR. STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE **VP** NAME NAME SCHWAB, CHARLES STREET ADDRESS STREET ADDRESS 4499 KIRBY LOOP RD. CITY-ST-ZIP FORT PIERCE FL 34981 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-Zie hereby certify that the information supplied with his 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 proof is frue 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 try slee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ether like empowered.

13. I hereby certify that the information supplied with

changed, or on an attachment wit

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