

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**  
 02-19-2001 90274 037 \*\*\*150.00

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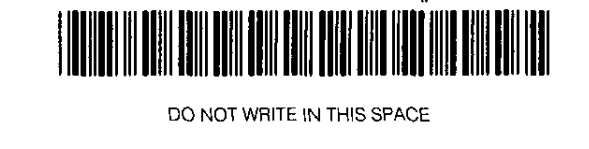
**DOCUMENT # P0000052360**  
 1. Entity Name  
**SUSAN DESCHLER AGENCY INC.**

Principal Place of Business      Mailing Address  
**357 6TH AVENUE W.**      **357 6TH AVENUE W.**  
**BRADENTON FL 34205**      **BRADENTON FL 34205**

2. Principal Place of Business      3. Mailing Address  
**1809 MAIN ST**      Suite, Apt. #, etc.

City & State      City & State  
**VALRICO, FL**      City & State

Zip      Country      Zip      Country  
**33594**      **Hillsboro**      Zip      Country



4. FEI Number      Applied For  
**59-3648335**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**DESCHLER, SUSAN**  
**357 6TH AVENUE W.**  
**BRADENTON FL 34205**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1809 MAIN ST**  
 City      State      Zip Code  
**VALRICO**      **FL**      **33594**

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: *Susan Deschler*      (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.   
**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	<b>D P</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESCHLER, SUSAN</b>	NAME	
STREET ADDRESS	<b>1809 MAIN STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: *Susan Deschler*      Date: **1/16/01**      Daytime Phone #: **813-654-8588**

CR2E034 (10/00)