2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90231 050 ***150.00

DOCUMENT # P00000087500

1. Entity Name
STEPHEN DEH. SCHWARZ, P.A.

Principal Place of Business	Mailing Address
21229 OLEAN BLVD., SUITE B PORT CHARLOTTE FL 33952	21229 OLEAN BLVD., SUITE B PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2811 Tamiami Trail	2811 Tamiami Trail
Suite, Apt. #, etc.: Suite S	Suite, Apt. #, etc.: Suite S
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip 33952 Country USA	Zip 33952 Country USA

4. FEI Number 65-1038288 ☐ Applied For ☐ Not Applicable

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
SCHWARZ, STEPHEN D 21229 OLEAN BLVD., SUITE B PORT CHARLOTTE FL 33952	Name: Stephen D. Schwarz Street Address (P.O. Box Number is Not Acceptable): 2811 Tamiami Trail Suite S City: Port Charlotte FL Zip Code: 33952

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] Stephen D. Schwarz 2/1/01
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 SCHWARZ, STEPHEN D 21229 OLEAN BLVD., SUITE B PORT CHARLOTTE FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen D. Schwarz 2811 Tamiami Trail Port Charlotte, FL 33952 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 2/1/01 (941)625-4158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #