

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90822 016 ***150.00

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DOCUMENT # P01000101244



1. Entity Name
SEVERIN G SCHURGER INC

Principal Place of Business
**3266 SW 25TH TERR
MIAMI FL 33133**

Mailing Address
**3266 SW 25TH TERR
MIAMI FL 33133**

2. Principal Place of Business
2924 Center Street

3. Mailing Address
2924 Center St.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami FL

4. FEI Number
59-2337793

Applied For
 Not Applicable

Zip
33133

Country
Miami-Dade

Zip
33133

Country
Miami-Dade

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

6. Name and Address of Current Registered Agent
**SCHURGER, SEVERIN G
3266 SW 25TH TERR
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name
Severin Schurger

Street Address (P.O. Box Number is Not Acceptable)
2924 Center St.

City
Miami FL Zip Code
33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **severin schurger, president** *Severin Schurger* **4/22/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SCHURGER, SEVERIN 3266 SW 25TH TERRACE MIAMI FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **severin schurger** *Severin Schurger* **4/22/03** **305 446-1206**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)