

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90246 025 ***150.00

DOCUMENT # P01000117963

1. Entity Name
CHAD SHULTZ, P.A.



Principal Place of Business
1309 ST JOHNS BLUFF RD. N. SUITE 2
JACKSONVILLE FL 32225

Mailing Address
1309 ST JOHNS BLUFF RD. N. SUITE 2
JACKSONVILLE FL 32225



2. Principal Place of Business

1309 St. Johns Bluff Rd, N

3. Mailing Address

1309 St. Johns Bluff Rd, N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 6

Ste 6

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32225

Country

USA

Zip

32225

Country

USA

4. FEI Number

59-3759999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SHULTZ, CHAD A
1309 ST JOHNS BLUFF RD. N. SUITE 2
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Chad A. Shultz

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

1309 St. Johns Bluff Rd, N,

Ste 6

City

Jacksonville

FL

Zip Code

32225

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

Chad Shultz

Chad Shultz, President

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

TITLE PSD ☐ Delete
NAME SHULTZ, CHAD A
STREET ADDRESS 1309 ST JOHNS BLUFF RD, N, SUITE 2
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE VTD ☐ Delete
NAME SHULTZ, STEFANIE T
STREET ADDRESS 1309 ST JOHNS BLUFF RD, N, SUITE 2
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ Delete
NAME SHULTZ, TURNER A
STREET ADDRESS 1309 ST JOHNS BLUFF RD, N, SUITE 2
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Chad Shultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

904-928-0900

Daytime Phone #

CR2E034 (10/02)