

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90145 010 ***150.00

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DOCUMENT # P02000017868

1. Entity Name

SCHLENMAR ENTERPRISES, INC.



Principal Place of Business

**3405 KILLDEER PL
PALM HARBOR FL 34685**

Mailing Address

**3405 KILLDEER PL
PALM HARBOR FL 34685**

2. Principal Place of Business

4048 W. KENNEDY BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

46-0465722

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARKS, JOSEPH M
3405 KILLDEER PL
PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Joseph M. Marks
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/03
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	DPST	<input type="checkbox"/> Delete
NAME	MARKS, JOSEPH M	
STREET ADDRESS	3405 KILLDEER PL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHLENKMAN, ROBERT M	
STREET ADDRESS	2145 4TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph M. Marks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03
Date

513-289-4986
Daytime Phone #

CR2E034 (10/02)