

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90147 021 \*\*\*150.00

0408993  
AV

**DOCUMENT #** P02000037757

**1. Entity Name**  
JEFFREY SCHAAB, INC.



**Principal Place of Business**  
4387 SUNSET CAY CIRCLE  
BOYNTON BEACH FL 33436

**Mailing Address**  
4387 SUNSET CAY CIRCLE  
BOYNTON BEACH FL 33436

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

**City & State**  
Stuart Florida

**City & State**  
Stuart Florida

**4. FEI Number**  
02-0575900

**Applied For**  
Not Applicable

**Zip**  
34997

**Country**  
Martin

**Zip**  
34997

**Country**  
Martin

**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**

KOLSHAK, MAX J  
2326 S. CONGRESS AVE  
WEST PALM BEACH FL 33406

**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** *Tammy Schaab*

4-25-03

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** DP ☐ Delete  
**NAME** SCHAAB, JEFFREY  
**STREET ADDRESS** 4387 SUNSET CAY CIRCLE  
**CITY-ST-ZIP** BOYNTON BEACH FL 33436

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

**TITLE** DVT ☐ Delete  
**NAME** SCHAAB, TAMMY  
**STREET ADDRESS** 4387 SUNSET CAY CIRCLE  
**CITY-ST-ZIP** BOYNTON BEACH FL 33436

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**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:** *Tammy Schaab* **DVT** *Tammy Schaab* 4/25/03 772-221-8558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)