

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90136 030 ***150.00

DOCUMENT # P02000057858

1. Entity Name
BISCHOFF FINANCIAL SERVICES, INC.



Principal Place of Business
**335 COWRY CT
SANIBEL FL 33957**

Mailing Address
**335 COWRY CT
SANIBEL FL 33957**

2. Principal Place of Business
335 COWRY CT SANIBEL

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANIBEL

City & State
SANIBEL

4. FEI Number
01-0702857 EIN

Applied For
Not Applicable

Zip
33957

Country
LEE

Zip
33957

Country
LEE

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

6. Name and Address of Current Registered Agent

**BISCHOFF, EDWARD G JR
335 COWRY CT
SANIBEL FL 33957**

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

Edward G. Bischoff Jr

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-03

**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 **D** ☐ Delete
NAME **BISCHOFF, EDWARD G JR**
STREET ADDRESS **335 COWRY CT**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **D** ☐ Delete
NAME **BISCHOFF, RITA A**
STREET ADDRESS **335 COWRY CT**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PRESIDENT, TREASURER** ☐ Change ☒ Addition
NAME **EDWARD G BISCHOFF JR** **OFFICER**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **RITA ANN BISCHOFF** **OFFICER**
STREET ADDRESS
CITY-ST-ZIP

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

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

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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 *Edward G. Bischoff Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-03 239-472-4258
Date Daytime Phone #

CR2E034 (10/02)