

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90110 012 \*\*\*163.75

**DOCUMENT # P02000078916**

**1. Entity Name**  
**VETERANS REPAIR & MAINTENANCE CONTRACTORS INC.**



**Principal Place of Business**  
1105 NE 13 ST. DAV BLDG. STE 1101  
FT LAUDERDALE FL 33304

**Mailing Address**  
1105 NE 13 ST. DAV BLDG. STE 1101  
FT LAUDERDALE FL 33304

**2. Principal Place of Business**  
1105 NE 13<sup>th</sup> ST.  
DAV BLDG.

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

**4. FE Number**

Applied For

Not Applicable

**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**

VON SCHLICHER, J.P.  
1105 NE 13 ST, DAV BLDG, STE 1101  
FT LAUDERDALE FL 33304

Name **J.P. VON SCHLICHER**  
Street Address (P.O. Box Number is Not Acceptable)  
**DAV BLDG.**  
**1105 N.E 13<sup>th</sup> ST.**  
City **FORT LAUDERDALE FL** Zip Code **33304**

**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**

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 **P** ☒ Delete  
NAME **COMBS, LARRY E**  
STREET ADDRESS **1105 NE 13 ST, DAV BLDG, STE 1101**  
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **J.P. VON SCHLICHER** ☒ Change ☐ Addition  
NAME **J.P. VON SCHLICHER**  
STREET ADDRESS **1105 NE 13<sup>th</sup> ST.**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **V** ☒ Delete  
NAME **KRETZENBACHER, JURGEN P**  
STREET ADDRESS **1105 NE 13 ST, DAV BLDG, STE 1101**  
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **VICE PRES.** ☒ Change ☐ Addition  
NAME **NONE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CEO** ☒ Delete  
NAME **VON SCHLICHER, J.P.**  
STREET ADDRESS **1105 NE 13 ST, DAV BLDG, STE 1101**  
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **SECY TRES.** ☒ Change ☐ Addition  
NAME **JOHN R VON SCHLICHER**  
STREET ADDRESS **1105 NE 13<sup>th</sup> ST.**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **FORT LAUDERDALE** ☐ 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  
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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/03 (954) 684-6664

CR2E034 (10/02)