

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27614

1. Entity Name

J.P. SCHNORR & CO., INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90072 047 \*\*\*150.00

Principal Place of Business

Mailing Address

12905 MILFORD CT  
 WELLINGTON FL 33414

12905 MILFORD CT  
 WELLINGTON FL 33414  
 US

2. Principal Place of Business

1802 SW Lennox St  
 Suite, Apt. #, etc.

3. Mailing Address

1802 SW Lennox St  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Port St. Lucie FL  
 Zip  
 34953  
 Country  
 St. Lucie

City & State  
 Port St. Lucie FL  
 Zip  
 34953  
 Country  
 St. Lucie

4. FEI Number 65-0159599

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

SCHNORR, JOHN  
 4726 NW 2ND AVE.  
 SUITE F-3  
 BOCA RATON FL 33431

Name

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

1802 SW Lennox St

City  
 Port St. Lucie

FL

Zip Code  
 34953

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.

SIGNATURE Kathleen A. Schnorr, Treas

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

(NOTE: Registered Agent signature required when reinstating)

4/12/00  
 DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHNORR, JOHN P.	
STREET ADDRESS	12905 MILFORD COURT	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHNORR, KATHLEEN A.	
STREET ADDRESS	12905 MILFORD COURT	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1802 SW Lennox St
CITY-ST-ZIP	Port St Lucie FL 34953
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1802 SW Lennox St
CITY-ST-ZIP	Port St. Lucie FL 34953
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen A. Schnorr, Treas Kathleen A. Schnorr 4/12/00 561 3449229  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)