

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27614

1. Entity Name

J.P. SCHNORR & CO., INC.

Principal Place of Business

1802 SW LENNOX ST.
PORT SAINT LUCIE FL 34953
US

Mailing Address

1802 SW LENNOX ST.
PORT SAINT LUCIE FL 34953
US

2. Principal Place of Business

2227 SE Stonehaven Rd

3. Mailing Address

2227 SE Stonehaven Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

Zip

34952

Country

USA

Zip

34952

Country

USA

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)

2227 SE Stonehaven Rd

Port St Lucie

FL

Zip Code

34952

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 as Treas*

4/26/01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNORR, JOHN P. 12905 MILFORD COURT WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHNORR, KATHLEEN A. 12905 MILFORD COURT WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2227 SE Stonehaven Rd Port St Lucie FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2227 SE Stonehaven Rd Port St. Lucie FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* Kathleen A. Schnorr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR as Treas

4/26/01 561 398 5223
Date Daytime Phone #

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90002 039 ***158.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)