

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012330

1. Entity Name

GERRY SCHABRUCH, P.A.

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90242 017 ***158.75

0530327 AV

Principal Place of Business Mailing Address
5272 W CORRAL PLACE
BEVERLY HILLS FL 34465
US
P.O. BOX 1533
CRYSTAL RIVER FL 34423-1533
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3225480** Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHABRUCH, GERRY
5272 W CORRAL PLACE
BEVERLY HILLS FL 344657. Name and Address of New Registered Agent
 Name *Schabrech, Gerry*
 Street Address (P.O. Box Number is Not Acceptable)
5182 N. ANDRI DRIVE
 City *CRYSTAL RIVER* FL Zip Code *34429*

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 *Gerry Schabrech*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/1/02*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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

 TITLE Delete
 NAME **P**
 STREET ADDRESS SCHABRUCH, GERRY
 CITY-ST-ZIP **5272 W CORRAL PLACE**
BEVERLY HILLS FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE **V. P.** Change Addition
 NAME **PATRICIA A. SCHABRUCH**
 STREET ADDRESS **5182 N. ANDRI DRIVE**
 CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

 TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

 TITLE Change Addition
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 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: *Gerry Schabrech, P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 352-795-2441

Date

Daytime Phone #

CR2E094(9/01)