

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90274 019 ***150.00

DOCUMENT # **P94000030969**

1. Entity Name
THOMAS E. SCHULER, P.A.

Principal Place of Business: **480 10TH ST
 KEY COLONY BEACH FL 33051**
 Mailing Address: **P O BOX 510064
 KEY COLONY BEACH FL 33051
 US**

645178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **71 E. Schrock Rd.**
 Suite, Apt. #, etc.

3. Mailing Address: **71 E. Schrock Rd.**
 Suite, Apt. #, etc.

City & State: **Westerville, Oh.**

4. FEI Number: **65-0502832**
 Applied For:
 Not Applicable:

Zip: **43081** Country: **USA**

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

6. Name and Address of Current Registered Agent
**MILLER, ROBERT K
 2975 OVERSEAS HIGHWAY
 MARATHON FL 33050**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Applicable): _____
 City: _____ 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.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when re-issuing) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHULER, ROBERTA C 157 MACDOUGALL LA. BLACKLICK OH 43004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULER, THOMAS E 157 MACDOUGALL LA. BLACKLICK OH 43004	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Schuler, Roberta C. 71 E. Schrock Rd. Westerville, Oh. 43081	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Schuler, Thomas E. 71 E. Schrock Rd. Westerville, Oh. 43081	<input checked="" 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
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 information.

SIGNATURE: *Thomas E. Schuler* **Thomas E. Schuler**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 614 898 7820
 Date License/Policy #

CR2E034 (10/00)