

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90086 039 ***150.00

DOCUMENT # P94000090747

1. Entity Name,
DANIEL SCHLUEB D.C. P.A.



Principal Place of Business
**2677 S. TAMiami TRAIL
SUITE 4
SARASOTA FL 34239**

Mailing Address
**2677 S. TAMiami TRAIL
SUITE 4
SARASOTA FL 34239**



2. Principal Place of Business
2727 S. TAMiami TRAIL

3. Mailing Address
4022 SARASOTA AVE.

Suite, Apt. #, etc.
Suite 3

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA FL.

City & State
SARASOTA FL.

4. FEI Number
65-0541372

Applied For
Not Applicable

Zip
34239

Country
U.S.A.

Zip
34234

Country
U.S.A.

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

**SCHLUEB, DANIEL D.C.
2677 S. TAMiami TRAIL
SUITE 4
SARASOTA FL 34239**

Name
SCHLUEB, DANIEL D.C.

Street Address (P.O. Box Number is Not Acceptable)
4022 SARASOTA AVE.

City
SARASOTA

FL Zip Code
34234

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 **Daniel Schlueb D.C.**

DANIEL Schlueb D.C.

1-11-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHLUEB, DANIEL DCPA
2677-S. TAMiami TRAIL, STE. 4
SARASOTA FL 34239** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHLUEB DANIEL DCPA
4022 SARASOTA AVE.
SARASOTA FL. 34234** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: **Daniel Schlueb** **DANIEL Schlueb** **1-11-03** **941-365-4343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)