

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90091 007 ***150.00

DOCUMENT # P95000031579

1. Entity Name
DAVID SCHILLING ARCHITECT, INC.

Principal Place of Business
2995 MCGREGOR BOULEVARD
FORT MYERS FL 33901

Mailing Address
2995 MCGREGOR BOULEVARD
FORT MYERS FL 33901

2. Principal Place of Business
7964 PLOTT RD.
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
YOUNG HARRIS, GA

City & State

4. FEI Number
65-0584688

Applied For
 Not Applicable

Zip
30582

Country
USA

Zip

Country

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

SCHILLING, DAVID
2995 MCGREGOR BOULEVARD
FORT MYERS FL 33901

Name

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

City

FL

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 *David Schilling* **DAVID SCHILLING**

4.30.02

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, 2002 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 **PS** ☐ Delete
 NAME **SCHILLING, DAVID**
 STREET ADDRESS **2995 MCGREGOR BOULEVARD**
 CITY-ST-ZIP **FORT MYERS FL**

TITLE **PS** ☒ Change ☐ Addition
 NAME **SCHILLING, DAVID**
 STREET ADDRESS **7964 PLOTT RD.**
 CITY-ST-ZIP **YOUNG HARRIS, GA 30582**

TITLE **VT** ☐ Delete
 NAME **SCHILLING, MELISSA**
 STREET ADDRESS **2995 MCGREGOR BOULEVARD**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **VT** ☒ Change ☐ Addition
 NAME **SCHILLING, MELISSA**
 STREET ADDRESS **7964 PLOTT RD.**
 CITY-ST-ZIP **YOUNG HARRIS, GA 30582**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *David Schilling* **DAVID SCHILLING** **4.30.02** **706 379 0993**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)