

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042232

1. Entity Name

JOEL SCHWARTZ AND ASSOCIATES, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90079 046 ***150.00

Principal Place of Business

Mailing Address

1201 TWELVE OAK DR

1201 TWELVE OAK DR

MOBILE AL 36695

MOBILE AL 33614-0127

4355 W Humphrey St. #3723

4355 W Humphrey St. #3723

Tampa, FL 33614

Tampa, FL

2. Principal Place of Business

3. Mailing Address

4355 W Humphrey St

4355 W Humphrey St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3723

#3723

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

33614

HILLSBORO

Zip

Country

33614

HILLSBORO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDEN, EDWARD I
100 S BISCAYNE BLVD
SUITE 1101
MIAMI FL 33131

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

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, 2000 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 D
NAME SCHWARTZ, JOEL C ☒ Delete
STREET ADDRESS 1201 TWELVE OAK DR
CITY-ST-ZIP MOBILE AL 36695

TITLE D
NAME SCHWARTZ, JOEL C ☒ Change ☐ Addition
STREET ADDRESS 4355 W. Humphrey St, #3723
CITY-ST-ZIP Tampa, FL 33614

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
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CITY-ST-ZIP

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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: Joel C. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JOEL C. SCHWARTZ 4/17/00 813 249-0946