

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000044827**

1. Entity Name

MICHAEL T. SCHALE, LANDSCAPE ARCHITECT & ASSOCIA

Principal Place of Business

**4800 N FEDERAL HWY STE 1058
BOCA RATON FL 33431**

Mailing Address

**4800 N FEDERAL HWY STE 1058
BOCA RATON FL 33431-5188**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0585100

Applied For

Not Applied

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHALE, MICHAEL T
8233 CEDAR HOLLOW LAND
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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

MICHAEL T. SCHALE

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

(NOTE: Registered Agent signature required when reinstating)

1/4/2000

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVST SCHALE, MICHAEL T	8233 CEDAR HOLLOW LAND	BOCA RATON FL 33433	<input type="checkbox"/>

TITLE	D	NAME	SCHALE, MICHAEL T	STREET ADDRESS	8233 CEDAR HOLLOW LAND	CITY-ST-ZIP	BOCA RATON FL 33433	<input type="checkbox"/> Delete
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TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Delete

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Delete
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TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Delete
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TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Delete
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TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Delete
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TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Delete
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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:

MICHAEL T. SCHALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000 (561) 417-5470

Date

Daytime Phone #