

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90226 018 \*\*\*150.00

**DOCUMENT # P95000059103**

1. Entity Name  
**SCHLABACH CARPENTRY SERVICES, INC.**



Principal Place of Business  
**4989 VILLAGE GARDENS DRIVE  
SARASOTA FL 34234**

Mailing Address  
**4989 VILLAGE GARDENS DRIVE  
SARASOTA FL 34234**

2. Principal Place of Business  
**1430 DONA BAY DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**1430 DONA BAY DR**  
Suite, Apt. #, etc.

City & State  
**NDKDMIS FL**

City & State  
**NDKDMIS FL**

4. FEI Number **65-0594855**

Applied For  
Not Applicable

Zip **34275-2413** Country **SARASOTA**

Zip **34275-2473** Country **SARASOTA**

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

**6. Name and Address of Current Registered Agent**

**SCHLABACH, LEROY  
4989 VILLAGE GARDENS DRIVE  
SARASOTA FL 34234**

**7. Name and Address of New Registered Agent**

Name

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

**1430 DONA BAY DR**

City **NDKDMIS**

**FL**

Zip Code **34275-2473**

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: \_\_\_\_\_ (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 ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SCHLOBACH, CHERYL</b>	
STREET ADDRESS	<b>4989 VILLAGE GARDENS DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1430 DONA BAY DR</b>	
CITY-ST-ZIP	<b>NDKDMIS FL 34275-2473</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Leroy Schlabach **Leroy Schlabach** **2-16-03** **941-356-4225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)