

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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
NOKOMIS FL
Zip
34275-2413

City & State
NOKOMIS FL
Zip
34275-2473

4. FBI Number 65-0594855

Applied For
Not Applicable

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 NOKOMIS 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

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

(NOTE: Registered Agent signature required when re-registering)

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

TITLE S
NAME SCHLABACH, CHERYL
STREET ADDRESS 4989 VILLAGE GARDENS DRIVE
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1430 DONA BAY DR
CITY-ST-ZIP NOKOMIS FL 34275-2473 ☒ Change ☐ Addition

TITLE P
NAME LEROY SCHLABACH
STREET ADDRESS 1430 DONA BAY DRIVE
CITY-ST-ZIP NOKOMIS, FL 34275-2473 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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:

Leroy Schlach
LEROY SCHLABACH

2-16-03

941.356.4225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leroy Schlach

11-19-03

941.356.4225

FILED

03 NOV 24 PM 1:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amended



☒ CHECK HERE IF MAKING CHANGES

CR2ED34 (10/02)