

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091247

1. Entity Name

THOMAS J. SCHULTE, P.A.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90047 016 \*\*\*150.00

Principal Place of Business

Mailing Address

1001 N US HWY ONE STE 500  
 JUPITER FL 33477

1001 N US HWY ONE STE 500  
 JUPITER FL 33401-7414

2. Principal Place of Business

3. Mailing Address

1545 Centre Park Dr. N. 113 Summa Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0631642

Applied For

Not Applicable

Zip

Country

33401

USA

Zip

Country

33405

USA

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

SCHULTE, THOMAS J  
 1001 N US HWY ONE STE 500  
 JUPITER FL 33477

Name

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

113 Summa Street

City

West Palm Beach

FL

Zip Code

33405

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 ☐ Delete  
 NAME D  
 STREET ADDRESS SCHULTE, THOMAS J  
 CITY-ST-ZIP 1001 N US HWY ONE STE 500-  
 JUPITER FL 33477

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 113 Summa Street  
 CITY-ST-ZIP West Palm Beach, FL 33405

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

Date

347.0380  
 561-684

Daytime Phone #

CR2E034 (9/99)