

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90090 048 ***150.00

DOCUMENT # P96000016630

1. Entity Name

SCHUTT CONSULTING, INC.

Principal Place of Business

4331 RIVER GROVE LANE
FT. MYERS FL 33905

Mailing Address

4331 RIVER GROVE LANE
FT. MYERS FL 33905

2. Principal Place of Business

1450 Barcelona Ave

Suite, Apt. #, etc.

3. Mailing Address

1450 Barcelona Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

65-0649255

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

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

6. Name and Address of Current Registered Agent

SCHUTT, PAMELA S

4331 RIVER GROVE LANE

FT. MYERS FL 33905

7. Name and Address of New Registered Agent

Name

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

1450 Barcelona Ave

City

Fort Myers

FL

Zip Code

33901

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, 2002 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 | PSTD | <input type="checkbox"/> Delete |
| NAME | SCHUTT, PAMELA S | |
| STREET ADDRESS | 4331 RIVER GROVE LN | |
| CITY-ST-ZIP | FT MYERS FL | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SCHUTT, DAVID P | |
| STREET ADDRESS | 4331 RIVER GROVE LN | |
| CITY-ST-ZIP | FT MYERS FL | |

| | | |
|----------------|--|---------------------------------|
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE | PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Schutt, Pamela S | |
| STREET ADDRESS | 1450 Barcelona Ave | |
| CITY-ST-ZIP | Fort Myers FL 33901 | |

| | | |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Schutt, Pamela S | |
| STREET ADDRESS | 1450 Barcelona Ave | |
| CITY-ST-ZIP | Fort Myers FL 33901 | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| 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 | | |

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

Date

Daytime Phone #

CR2E034 (9/01)