

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058320

1. Entity Name

A-PLUS TROPHIES & AWARDS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90142 006 ***150.00

00003295



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3388476** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Principal Place of Business

Mailing Address

6900 U.S. HWY 19. N
PARK FL 33781

6900 U.S. HWY 19. N
PINELLAS PARK FL 33781-6246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SCHAARSCHMIDT, JOANNE
3713 BENSON AVE N
ST PETERSBURG FL 33713

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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SCHAARSCHMIDT, JOANNE | |
| STREET ADDRESS | 3713 BENSON AVE N | |
| CITY-ST-ZIP | ST PETERSBURG FL 33713 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SCHAARSCHMIDT, RICHARD B | |
| STREET ADDRESS | 3713 BENSON AVE N | |
| CITY-ST-ZIP | ST PETERSBURG FL 33713 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | DAUBER, JAYE E | |
| STREET ADDRESS | P O BOX 66411 N/A | |
| CITY-ST-ZIP | ST PETERSBURG FL 33736 | |
| 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 | | <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 | | |
| 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

JAYE E. DAUBER
SECRET/TREAS.

01/08/2000 (727) 520-8080
Date Daytime Phone #

CR2E034 (9/99)