

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058320

1. Entity Name

A-PLUS TROPHIES & AWARDS, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SCHAARSCHMIDT, JOANNE  
3713 BENSON AVE N  
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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  
NAME SCHAARSCHMIDT, JOANNE  
STREET ADDRESS 3713 BENSON AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Delete

TITLE VD  
NAME SCHAARSCHMIDT, RICHARD B  
STREET ADDRESS 3713 BENSON AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Delete

TITLE STD  
NAME DAUBER, JAYE E  
STREET ADDRESS P O BOX 66411 N/A  
CITY-ST-ZIP ST PETERSBURG FL 33736 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

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

04/30/01

Date

Daytime Phone #

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90086 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)