2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000074018 DOCUMENT

1. Entity Name

SCHANFALD AND WARLEN, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90150 019 ***150.00

			To the same of the			
Principal Place of Business 2450 HOLLYWOOD BLVD. SUITE 201 HOLLYWOOD FL 33020 US		Mailing Address 2450 HOLLYWOOD BLVD. SUITE 201 HOLLYWOOD FL 33020 US			ICON CARA ACIO MAN ANI NON	
2. Principal Place of Business		3. Mailing Address		I TOURISM HE TOURS DINK BONN BONN BONN BONN BONN	18811 81811 BUIST 71881 1881 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0692292	Applied For Not Applicable	
Zip	Country	Zip	Country	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 -		
WARLEN, GARY M 2450 HOLLYWOOD BLVD. SUITE 201				Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020			City	FL	Zip Code	
8. The above the obliga	e named entity submits this statement ations of registered agent.	for the purpose of changing its r	egistered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARLEN, GARY M 7320 SW 18TH STREET PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	I .					

 □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

Daytime Phone #