

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076798

1. Entity Name

SCHATTNER ENTERPRISES, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90369 016 ***150.00

Principal Place of Business

2545 E. SUNRISE BLVD
FORT LAUDERDALE FL 33304
US

Mailing Address

2545 E. SUNRISE BLVD
FORT LAUDERDALE FL 33304
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0705131

Applied For

Not Applicable

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

SESLOW, BRUCE
2545 E. SUNRISE BLVD
FT LAUDERDALE FL 33304

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SESLOW, BRUCE
STREET ADDRESS 875 GARRET CIRCLE
CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Delete

TITLE
NAME 2545 E Sunrise Blvd.
STREET ADDRESS FT. LAUD., FLA
CITY-ST-ZIP 33304 ☒ Change ☐ Addition

TITLE S
NAME SESLOW, MATT
STREET ADDRESS 875 GARNEY CIRCLE
CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Delete

TITLE
NAME 2545 E Sunrise Blvd
STREET ADDRESS FT. LAUD FLA - 33304 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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

3/27/1

Date

954-537-7909

Daytime Phone #

CR2E034 (10/00)