

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90537 034 ***150.00

DOCUMENT # P96000085888

1. Entity Name
ERIK W. SCHWETJE, INC.



Principal Place of Business
4202 FOX RIDGE DRIVE
WESTON FL 33331

Mailing Address
4202 FOX RIDGE DRIVE
WESTON FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
757 French Avenue

City & State
Winter Park, FL

Zip Country
32789 Orange

Suite, Apt. #, etc.
757 French Avenue

City & State
Winter Park, FL

Zip Country
32789 Orange

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number 65-0702583

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

-SCHWETJE, ERIK W
4202 FOX RIDGE DR.
WESTON FL 33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Erik W. Schwetje, President** **January 17, 2003**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D SCHWETJE, ERIK W 4202 FOX RIDGE DR. 757 French Avenue WESTON FL 33331 Winter Park, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: **Erik W. Schwetje** **January 17, 2003**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)