

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000881

1. Entity Name

BRETT A. SCHULMAN, P.A.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90087 043 ***150.00

Principal Place of Business

Mailing Address

1213 UP STREET COURT
ORLANDO FL 32837

717 E OAK ST
KISSIMMEE FL 34744-4580
US

2. Principal Place of Business

3. Mailing Address

8002 WINPINE CT

8002 WINPINE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number 59-3415802

Applied For
Not Applicable

Zip Country
32819 USA

Zip Country
32819 USA

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

DANLEY, R
3501 13TH ST
ST CLOUD FL 34769

Name
SCHULMAN, BRETT A.
Street Address (P.O. Box Number is Not Acceptable)
8002 WINPINE CT

City ORLANDO FL Zip Code 32819

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULMAN, BRETT A	
STREET ADDRESS	1213 UP STREET COURT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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

Date

Daytime Phone #

CR2E034 (9/99)