

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000881

1. Entity Name

BRETT A. SCHULMAN, P.A.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90125 044 ***150.00

Principal Place of Business

8002 WINPINE CT
ORLANDO FL 32819

Mailing Address

8002 WINPINE CT
ORLANDO FL 32819
US

00052807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2076 Date Palm Ct

Suite, Apt. #, etc.

3. Mailing Address

2076 Date Palm Ct

Suite, Apt. #, etc.

City & State

Ocoee, FL

City & State

Ocoee, FL

4. FEI Number

59-3415802

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULMAN, BRETT A
8002 WINPINE CT
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Schulman Brett A.

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

2076 Date Palm Ct.

City

Ocoee

State

FL

Zip Code

34761

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

Brett A. Schulman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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	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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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 another like empowered.

SIGNATURE:

Brett A. Schulman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

407-654-2012

Daytime Phone #

CR2E034 (10/00)