

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002614

1. Entity Name

SCHOEPPL & BURKE, P.A.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90238 001 ***150.00

0299871

Principal Place of Business

4800 N FEDERAL HWY
STE-207-D
BOCA RATON FL 33431
US

Mailing Address

4800 N FEDERAL HWY
STE-207-D
BOCA RATON FL 33431
US

00020150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0720092

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOEPPL, CARL F
4800 N FEDERAL HWY
STE-207-D
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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 State10. 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 P ☒ Delete
NAME SCHOEPPL, CARL F
STREET ADDRESS 4800 N FEDERAL HWY., SUITE 210-A
CITY-ST-ZIP BOCA RATON FL 33486TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☐ Delete
NAME BURKE, MICHELLE C
STREET ADDRESS 4800 N FEDERAL HWY STE-207-D
CITY-ST-ZIP BOCA RATON FL 33431TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P ☐ Delete
NAME SCHOEPPL, CARL F
STREET ADDRESS 4800 N FEDERAL HWY, STE-207-D
CITY-ST-ZIP BOCA RATON FL 33431TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ 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 #

CF2E034 (10/00)