

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012069

1. Entity Name

LAW OFFICES OF SEEMANN & SCHUTT, P.A.

FILED

Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90033 034 ***150.00

Principal Place of Business Mailing Address
1105 CAPE CORAL PARKWAY, EAST 1105 CAPE CORAL PARKWAY, EAST
SUITE C SUITE C
CAPE CORAL FL 33904 CAPE CORAL FL 33904

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 65-0799239

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

SEEMANN, ERNEST A
1105 CAPE CORAL PARKWAY, EAST
SUITE C
CAPE CORAL FL 33904

Name Darrin Schutt
Street Address (P.O. Box Number is Not Acceptable)
Suite C
1105 Cape Coral Parkway
City Cape Coral FL Zip Code 33904

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

TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	SEEMANN, ERNEST A	
STREET ADDRESS	1105 CAPE CORAL PARKWAY, EAST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	SCHUTT, DARRIN R.	
STREET ADDRESS	1105 CAPE CORAL PARKWAY, EAST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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	DPST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schutt, Darrin R.	
STREET ADDRESS	1105 Cape Coral Pk., W., Ste. C	
CITY-ST-ZIP	Cape Coral, Florida 33904	
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		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0384277