

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

0085352

DOCUMENT # P97000043468

1. Entity Name

FRANK J. SCHLITT, JR., P.A.

05-16-2001 90214 032 \*\*\*150.00

Principal Place of Business

2440 FAIRWAY DR.  
 VERO BEACH FL 32960

Mailing Address

2440 FAIRWAY DR.  
 VERO BEACH FL 32960

2. Principal Place of Business

935 25TH STREET  
 Suite, Apt. #, etc.

3. Mailing Address

935 25TH STREET  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH, FL  
 Zip 32960 Country U.S.

City & State

VERO BEACH, FL  
 Zip 32960 Country U.S.

4. FEI Number 58-2312374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SCHLITT, FRANK J JR  
~~2440 FAIRWAY DR.~~ 935 25TH ST  
 VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name SAME  
 Street Address (P.O. Box Number is Not Acceptable)  
 935 25TH ST  
 City SAME 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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
 NAME SCHLITT, FRANK J JR  
 STREET ADDRESS ~~2440 FAIRWAY DR.~~ 935 25TH ST  
 CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME ☒ Change ☐ Addition  
 NAME SAME  
 STREET ADDRESS 935 25TH ST  
 CITY-ST-ZIP SAME

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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

4/24/01  
 Date

361 562-5375  
 Daytime Phone #

CR2E034 (10/00)