

2001 UNIFORM BUSINESS REPORT (UBR)

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

0065352

DOCUMENT # P97000043468

1. Entity Name
FRANK J. SCHLITT, JR., P.A.

05-16-2001 90214 032 ***150.00

Principal Place of Business Mailing Address
~~2440 FAIRWAY DR.~~ ~~2440 FAIRWAY DR.~~
~~VERO BEACH FL 32960~~ ~~VERO BEACH FL 32960~~

2. Principal Place of Business 3. Mailing Address
935 25TH STREET **935 25TH STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
~~VERO BEACH, FL~~ ~~VERO BEACH, FL~~
 Zip Country Zip Country
32960 **US** **32960** **US**

4. FEI Number Applied For
58-2312374 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ (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. **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 <input type="checkbox"/> Delete
NAME	SCHLITT, FRANK J JR
STREET ADDRESS	2440 FAIRWAY DR. 935 25TH ST
CITY-ST-ZIP	VERO BEACH FL 32960
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME
STREET ADDRESS	935 25TH ST
CITY-ST-ZIP	SAME
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	
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: _____ Date: **4/24/01** Daytime Phone #: **361 562-5375**

CR2E034 (10/00)