

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90048 013 ***150.00

DOCUMENT # P97000049674

1. Entity Name
SCHWEIZER FAMILY, INC.

Principal Place of Business
4 LAGUNA STREET
SUITE 201
FT. WALTON BEACH FL 32548

Mailing Address
P.O. BOX 4941
FT WALTON BCH FL 32549

2. Principal Place of Business

3. Mailing Address
4 LAGUNA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

City & State

FWB FLA

Zip

Country

32548

USA

4. FEI Number **59-3438057**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWEIZER, JOAN A
527 MARY ESTHER CUTOFF
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name **WILLIAM TODD SCHWEIZER**
 Street Address (P.O. Box Number is Not Acceptable)
4 LAGUNA STREET
SUITE 201
 City **FWB FLA FL** Zip Code **32548**

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 of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-02

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, 2002 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 **PSD** ☐ Delete
 NAME **SCHWEIZER, JOAN A**
 STREET ADDRESS **527 MARY ESTHER CUTOFF**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE **V** ☐ Delete
 NAME **SCHWEIZER, TODD**
 STREET ADDRESS **4 LAGUNA STREET**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

850 301 0179

Daytime Phone #

CR2E034 (9/01)