

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90215 049 ***150.00

DOCUMENT # P97000056500

1. Entity Name

SCHILIAN & WATARZ, P.A.

Principal Place of Business

1761 W HILLSBORO BLVD
SUITE 201
DEERFIELD BEACH FL 33442
US

Mailing Address

1761 W HILLSBORO BLVD
SUITE 201
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

4875 N. FEDERAL HWY

3. Mailing Address

4875 N. FEDERAL HWY

Suite, Apt. #, etc.

10TH FLOOR

Suite, Apt. #, etc.

10TH FLOOR

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

Zip

33308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0766365

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

SCHILIAN, GERALD
1761 W HILLSBORO BLVD
SUITE 201
DEERFIELD BEACH FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

4875 N. FEDERAL HWY

10TH FLOOR

City

FT. LAUDERDALE

FL

Zip Code

33308

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

4-3-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHILIAN, GERALD	
STREET ADDRESS	1334 AVOCADO ISLE	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATARZ, DEBORAH A	
STREET ADDRESS	1334 AVOCADO ISLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 another line empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH A. WATARZ 4-3-01 954-491-0069
V. PRESIDENT Date Daytime Phone #

CR2E034 (10/00)