

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000063746**1. Entity Name
PUNCHMASTERS, INC.

Principal Place of Business	Mailing Address
3951 GULF SHORE BLVD. N. #102 NAPLES 34103	PO BOX 2008 NAPLES 341062008
US FL	US FL

2. Principal Place of Business
3120 CRAYTON ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL

City & State

4. FEI Number
65-0769293

Applied For

Not Applicable

Zip Country
34103 US

Zip Country

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****HUMPHREVILLE JOHN D**
4501 TAMiami TRAIL NORTH SUITE 300**NAPLES FL**
341033060 US

Name

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

City

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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	VTS	<input type="checkbox"/> Delete
NAME	SCHROEDER LISA	
STREET ADDRESS	3951 GULF SHORE BLVD N., #102	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER LISA	
STREET ADDRESS	3120 CRAYTON ROAD	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHROEDER STEVEN	
STREET ADDRESS	3951 GULF SHORE BLVD N., #102	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER STEVEN	
STREET ADDRESS	3120 CRAYTON ROAD	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: LISA A. SCHROEDER

VTS

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)