

2000 UNIFORM-BUSINESS REPORT (UBR)

DOCUMENT # P97000075156

1. Entity Name

SCHWEERS ENTERPRISES, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90121 003 ***150.00

Principal Place of Business

Mailing Address

7240 CARMEL CT.
BOCA RATON FL 33433-5544

7240 CARMEL CT.
BOCA RATON FL 33433-5544

2. Principal Place of Business

1881 MIDDLE RIVER DR

3. Mailing Address

1881 MIDDLE RIVER DR

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

Zip

33305

Country

USA

Zip

33305

Country

USA

4. FEI Number

65-0776301

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

SCHWEERS, DOUGLAS
7240 CARMEL CT.
BOCA RATON FL 33433-5544

Name

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

1881 MIDDLE RIVER DR.

#501

City

FT. LAUDERDALE

FL

Zip Code

33305

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS SCHWEERS, DOUGLAS
CITY-ST-ZIP 7240 CARMEL CT.
BOCA RATON FL 33433-5544

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHWEERS, JUDY
CITY-ST-ZIP 1881 MIDDLE RIVER DR.
FT. LAUDERDALE FL 33305

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHWEERS, ORA
CITY-ST-ZIP 273 BARBLOCK ST BOX 1505
BOSTON, MA 02215

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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

01/31/00

Date

954-523-2268

Daytime Phone #

CR2E034 (9/99)