

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102333

1. Entity Name

SCHOENBORN ENTERPRISES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90119 044 ***158.75

Principal Place of Business

Mailing Address

2165 SUNNYDALE BLVD., SUITE G
CLEARWATER FL 33765
US

2165 SUNNYDALE BLVD., SUITE G
CLEARWATER FL 33765-1211
US

2. Principal Place of Business

3. Mailing Address

2506 Success Drive

2506 Success Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa, Florida

City & State

Odessa, Florida

4. FEI Number

59-3483118

Applied For

Not Applicable

Zip

Country

33556-3400

US

Zip

Country

33556-3400

US

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOENBORN, GLENDA R
2165 SUNNYDALE BLVD., SUITE G
CLEARWATER FL 33765

Name

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

2506 Success Drive

City

Odessa,

FL

Zip Code

33556-3400

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
SCHOENBORN, GLENDA R
1034 TRAFALGAR DRIVE
NEW PORT RICHEY FL 34655

☐ Delete

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

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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)

Glenda R. Schoenborn, President

Date

3-22-2000

Daytime Phone #

1-800-771-4024

CR2E034 (9/99)