

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90002 039 \*\*\*550.00

**DOCUMENT # P98000005723**

1. Entity Name  
**CARL A. SCHUH, P.A.**

Principal Place of Business  
**111 SECOND AVENUE N.E. #620**  
**#610**  
**ST. PETERSBURG FL 33701**

Mailing Address  
**POST OFFICE BOX 1274**  
**ST. PETERSBURG FL 33731-1274**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3487897**

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

**SCHUH, CARL A**  
**111 SECOND AVENUE N.E. #620**  
**ST. PETERSBURG FL 33701**

Name  
**SCHUH, CARL A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**111-2nd ST. NE #610**

City **ST. PETERSBURG** FL Zip Code **33701**

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  **CARL A. SCHUH, PRES** **7/18/01**  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **D** ☐ Delete  
**SCHUH, CARL A**  
 STREET ADDRESS **111 SECOND AVE NE #610**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
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TITLE  
 NAME ☐ Change ☐ Addition  
 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:  **CARL A. SCHUH** **7/18/01** **727-822-4131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U121000 A1

CR2E034 (5/01)