## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Jan 25, 2002 8:00 am DOCUMENT # P9800005723 Secretary of State 01-25-2002 90008 042 \*\*\*150.00 CARL A. SCHUH, P.A. Principal Place of Business Mailing Address POST OFFICE BOX 1274 111 SECOND AVENUE N.E. #620 #610 ST. PETERSBURG FL 33731-1274 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address PO B 1200-66th STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 405 Applied For 4. FEI Number City & State 59-3487897 PETERSBURG PETERSBURG 5T. ST. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 33710 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A. SCHUH CARL SCHUH, CARL A Street Address (P.O. Box Number is Not Acceptable) 111 SECOND AVENUE N.E. #620 1700 - 66 STREET ST. PETERSBURG FL 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHUH, CARL A NAME STREET ADDRESS STREET ADDRESS 111 SECOND AVE NE #610 CITY-ST-ZIP CITY-ST-ZIF ST. PETERSBURG FL 33701 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME

☐ Delete

Change