2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90057 029 ***150.00

C0004272

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000017430

1. Entity Name

DEBORAH SCHIEFELBEIN, INC.

Principal Place of Business	Mailing Address
5213-1 CEDARBEND DRIVE FORT MYERS FL 33919	5213-1 CEDARBEND DRIVE FORT MYERS FL 33919-7520

2. Principal Place of Business	3. Mailing Address
5242-4 Cedarbend Dr	5242-4 Cedarbend Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers, FL	City & State: Ft. Myers, FL
Zip: 33919 Country: LEE	Zip: 33919 Country: LEE

4. FEI Number 65-0812502 ☐ 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
SCHIEFELBEIN, DEBORAH 5213-1 CEDARBEND DRIVE FORT MYERS FL 33919	Name Street Address (P.O. Box Number is Not Acceptable) 5242-4 CedarBend Drive City Ft. Myers FL Zip Code 33919

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D SCHIEFELBEIN, DEBORAH 5213-1 CEDARBEND DRIVE FORT MYERS FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

Deborah Schiefelbein

SIGNATURE: Deborah Schiefelbein Jan 5, 2000 941-275-8176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #