

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90070 016 ***150.00

DOCUMENT # P98000017430

1. Entity Name
DEBORAH SCHIEFELBEIN, INC.

Principal Place of Business

**52424 CEDARBEND DR
 FORT MYERS FL 33919**

Mailing Address

**52424 CEDARBEND DR
 FORT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

52424 Cedarbend Dr

Suite, Apt. #, etc.

52424 Cedarbend Dr

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33919

Country

USA

Zip

33919

Country

USA

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

**SCHIEFELBEIN, DEBORAH
 5213-1 CEDARBEND DRIVE
 FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

Schiefelbein, Deborah

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

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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	Schiefelbein, Deborah	
STREET ADDRESS	5242-4 Cedarbend Drive	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: **Deborah Schiefelbein**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH SCHIEFELBEIN 1-16-01 275-8176

Date

Daytime Phone #

CR2E034 (10/00)