

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026557

1. Entity Name

SCHROEDEL HOLDINGS INC.

POSTED

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90263 015 ***150.00

Principal Place of Business

Mailing Address

C/O GULF TAX INC.. -BRIAN LIGHT
6860 GULFPORT BLVD. SUITE #900
ST. PETERSBURG FL 33707-2108

C/O GULF TAX INC.. -BRIAN LIGHT
6860 GULFPORT BLVD. SUITE #900
ST. PETERSBURG FL 33707-2108

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

APPLIED FOR

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

LIGHT, BRIAN
C/O GULF TAX INC.
6860 GULFPORT BLVD. SUITE #900
ST. PETERSBURG FL 33707-2108

Name
NEVADA HOLDINGS INC - BRIAN LIGHT
Street Address (P.O. Box Number is Not Acceptable)
6860 GULFPORT BLVD, #900
City S. PASADENA FL Zip Code 33707-2108

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 | D | <input type="checkbox"/> Delete |
| NAME | SCHROEDEL, GUENTER H | |
| STREET ADDRESS | 6860 GULFPORT BLVD, STE #900 | |
| CITY-ST-ZIP | ST PETERSBURG FL 33707-2108 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | SCHROEDEL, URSULA | |
| STREET ADDRESS | 6860 GULFPORT BLVD, STE #900 | |
| CITY-ST-ZIP | ST PETERSBURG FL 33707-2108 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SCHROEDEL, HARALD | |
| STREET ADDRESS | 6860 GULFPORT BLVD, STE #900 | |
| CITY-ST-ZIP | ST PETERSBURG FL 33707-2108 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHROEDEL, MARKUS H | |
| STREET ADDRESS | 6860 GULFPORT BLVD, STE #900 | |
| CITY-ST-ZIP | ST PETERSBURG FL 33707-2108 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | LIGHT, BRIAN | |
| STREET ADDRESS | 6860 GULFPORT BLVD, STE #900 | |
| CITY-ST-ZIP | ST PETERSBURG FL 33707-2108 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)