

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026557

1. Entity Name
SCHROEDEL HOLDINGS INC.

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90190 003 ***150.00

00066448



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O GULF TAX INC., -BRIAN LIGHT 6860 GULFPORT BLVD. SUITE #900 ST. PETERSBURG FL 33707-2108	Mailing Address C/O GULF TAX INC., -BRIAN LIGHT 6860 GULFPORT BLVD. SUITE #900 ST. PETERSBURG FL 33707-2108
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2817 WEST END AVE SUITE 126 #292
City & State	City & State NASHVILLE TN
Zip	Country
Country	Zip 37203

4. FEI Number 36-4293262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDEL, GUENTER H 6860 GULFPORT BLVD, STE #900 ST PETERSBURG FL 33707-2108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHROEDEL, URSULA 6860 GULFPORT BLVD, STE #900 ST PETERSBURG FL 33707-2108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHROEDEL, HARALD 6860 GULFPORT BLVD, STE #900 ST PETERSBURG FL 33707-2108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDEL, MARKUS H 6860 GULFPORT BLVD, STE #900 ST PETERSBURG FL 33707-2108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIGHT, BRIAN 6860 GULFPORT BLVD, STE #900 ST PETERSBURG FL 33707-2108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Brian Light Sec 5/1/01 615 860 0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)