

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90013 040 ***150.00

DOCUMENT # P98000044235

1. Entity Name

SCHULT ENTERPRISES, INC.

Principal Place of Business

**10620 NW 37 STREET
 CORAL SPRINGS FL 33065**

Mailing Address

**10343 ROYAL PALM BLVD
 STE 222
 CORAL SPRINGS FL 33065
 US**

2. Principal Place of Business

2141 University Drive

3. Mailing Address

2141 University Drive

Suite, Apt. #, etc.

222

Suite, Apt. #, etc.

222

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-0835167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SCHULT, RUEDIGER
 10620 NW 37 STREET
 CORAL SPRINGS FL 33065**

*All names are the
 same. Just address
 changes*

7. Name and Address of New Registered Agent

Name **Ruediger Schult**

Street Address (P.O. Box Number is Not Acceptable)

1639 NW 81st Ave.

City

Coral Springs

FL

Zip Code

33071

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, 2002 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 **DP** ☐ Delete
 NAME **SCHULT, RUEDIGER**
 STREET ADDRESS **1639 N.W. 81ST AVENUE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **DV** ☐ Delete
 NAME **BERMAN, LISA KAREN**
 STREET ADDRESS **1639 N.W. 81ST AVENUE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

954-227-2600
 Daytime Phone #

CR2E034 (9/01)