

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044673

1. Entity Name

STEVE SCHAAP CONSTRUCTION, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90104 038 ***150.00

Principal Place of Business Mailing Address
2619 SW 37TH DR 6731 S.W. 12TH CT. 2619 SW 37TH DR 6731 S.W. 12TH CT.
OCALA FL 34474 34476 Ocala FL 34474 34476
US US

2. Principal Place of Business 3. Mailing Address
6731 S.W. 12TH CT. 6731 S.W. 12TH CT.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ocala, Florida Ocala, Florida
Zip Country Zip Country
34476 US 34476 US

4. FEI Number 59-3512412 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DANIEL, BEN JR
101 NORTHWEST THIRD STREET
OCALA FL 34475

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 DATE
(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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P SCHAAP, STEVEN P 2619 SW 37TH DR 6731 S.W. 12TH CT. Ocala FL 34474 34476
VST SCHAAP, LESLIE D 2619 SW 37TH DR 6731 S.W. 12TH CT. Ocala FL 34474 34476
Delete
Delete
Delete
Delete
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/99)