02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044673

1. Entity Name

Steve Schaap Construction, Inc.

FILED

02 MAY -7 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UBR DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number		Applied For
6731 S.W. 12th Ct.	6731 S.W 12th ct.	59-3512412		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State Ocala, Fl.	City & State Ocala, Fl.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required	
Zip 34476	Country	Zip 34476	Country	

7. Name and Address of Current Registered Agent

Name Ben Daniel, Jr.

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

101 N.W. Third Street

City Ocala FL Zip Code 34475

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) ☐	January 1 - May 1 Fee is $150.00 After May 1, Fee is $550.00 Amended UBR is $61.25 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	P.	TITLE	
NAME	Steven P. Schaap	NAME	
STREET ADDRESS	6731 SW 12 Ct.	STREET ADDRESS	
CITY-ST-ZIP	Ocala, Fl. 34476	CITY-ST-ZIP	
TITLE	VST.	TITLE	
NAME	Leslie D. Schaap	NAME	
STREET ADDRESS	6731 SW 12 ct.	STREET ADDRESS	
CITY-ST-ZIP	Ocala, Fl. 34476	CITY-ST-ZIP	

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****150.00   ****150.00

CR2E034B (12/01)

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ STEVEN P. SCHAAP   4-24-02   352-266-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #