2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047097 SCHAAF & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

SIGNATURE:

7838 BLAIRWOOD CIRCLE NORTH LAKE WORTH FL 33467		7838 BLAIRWOOD CIRCLE NORTH LAKE WORTH FL 33467-1804		
• D:-::-1.01	(F)	O. Marillan Antalana		
2. Principal Place of Business.		3. Mailing Address	•	
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State LAKE WORTH		City & State		4. FEI Number 65-0836054 Applied For Not Applicable
3340		Zip	Country	-5. Certificate of Status Desired - \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent
SCHAAF, TROY S 7838 BLAIRWOOD CIRCLE NORTH LAKE WORTH FL 33467			Name Street A	Address (P.O. Box Number is Not Acceptable)
			City	ape when FL 33460
8. The above SIGNATURE _	named entity submits this statement for the stat	1 100	15 Sch	ture 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. Make Check Payable to Department of				550.00 Trust Fund Contribution. Added to Fees
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAAF, TROY S 7838 BLAIRWOOD CIRCLE NORTH LAKE WORTH FL 33467	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - TREASURER PChange Addition TROY S. SCHARF 1026 N. H ST. LANG LEDON R 35460
TITLE NAME STREET ADDRESS CITY-ST-ZIP: 62	And the State	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKE LORSY, R 33460 V. PHESIDENT — SECRET. Change Addition ROSETTA L. SCHAME 1032 N. H. ST LAKE WORTH — FR 33460 —
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby of indicated of the corp	on this report or supplemental report is tr	ue and accurate and that ered to execute this repor	my signature shall h t as required by Cha	sted in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

Apr 21, 2000 8:00 am Secretary of State 04-21-2000 90039 025 ***150.00