

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051471

1. Entity Name

SCHWEIZER . WALDROFF ARCHITECTS INCORPORATED

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90094 038 \*\*\*150.00

Principal Place of Business

728 COUNTY ROAD 15  
LAKE MONROE FL 32747

Mailing Address

POST OFFICE BOX 471206  
LAKE MONROE FL 32747-1206

2. Principal Place of Business

137 canal st

3. Mailing Address

137 canal st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Bch, FL

City & State

New Smyrna Bch, FL

4. FEI Number

59-3513208

Applied For

Not Applicable

Zip

32168

Country

USA

Zip

32168

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWEIZER, CHARLES KEVIN  
728 COUNTY ROAD 15  
LAKE MONROE FL 32747

7. Name and Address of New Registered Agent

Name

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

137 canal st

City

New Smyrna Bch

FL

Zip Code

32168

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, 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 PD  
NAME SCHWEIZER, CHARLES KEVIN  
STREET ADDRESS 880 CATFISH AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE VPTD  
NAME WALDROFF, SCOTT D  
STREET ADDRESS 429 ALPINE STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME 807 22nd Avenue  
STREET ADDRESS New Smyrna Bch, FL 32168  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

904 426-0456

Daytime Phone #

CR2E034 (9/99)