

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90002 011 \*\*\*550.00

**DOCUMENT # P98000058570**

1. Entity Name

**SUSAN M. SCHAPPERT, C.R.N.A., P.A.**

Principal Place of Business

8151 GLENBROOKE CT  
 SARASOTA FL 34243  
 US

Mailing Address

8151 GLENBROOKE CT  
 SARASOTA FL 34243  
 US

2. Principal Place of Business

**2700 E. BAY ISLE DR., SE**

3. Mailing Address

**2700 E. BAY ISLE DR., SE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. PETERSBURG FL**

City & State

**ST. PETERSBURG, FL**

Zip

**33705**

Country

**USA**

Zip

**33705**

Country

**USA**

4. FEI Number

**59-3518692**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SCHAPPERT, SUSAN M**  
**8151 GLENBROOKE COURT**  
**SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name **SCHAPPERT, SUSAN M.**

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

**2700 E. BAY ISLE DR., SE**

City **ST. PETERSBURG**

**FL**

Zip Code

**33705**

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

*Susan M. Schappert*  
 Signature typed or printed name of registered agent and title if applicable

(NOT)

Registered Agent signature required when reinstating)

**31 May 2001**  
 DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**Fee will be \$550.00**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **SCHAPPERT, SUSAN M**  
 STREET ADDRESS **2700 E BAY ISLE DR SE**  
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for 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 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:

*Susan M. Schappert* **31 May 2001** **727-822-2203**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / DIRECTOR Date Daytime Phone #

CR2E034 (10/00)