

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90109 050 \*\*\*150.00

**DOCUMENT # P99000004108**

1. Entity Name

**SCHWARTZ CONSULTING PARTNERS, INC.**

Principal Place of Business

Mailing Address

5027 W. LAUREL ST.  
TAMPA FL 33607

5027 W. LAUREL ST.  
TAMPA FL 33607-3816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3552039

Applied For

Not Applicable

Zip

33607-3816

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, BONITA  
5027 W. LAUREL ST.  
TAMPA FL 33607

Name

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

4207 FAIRWAY RUN

City

TAMPA

FL

Zip Code

33624

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHWARTZ, BONITA  
CITY-ST-ZIP 5027 W. LAUREL ST.  
TAMPA FL 33607

TITLE ☒ Change ☒ Addition  
NAME P S  
STREET ADDRESS 4207 FAIRWAY RUN  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KAYTON, RODNEY  
CITY-ST-ZIP 5027 W. LAUREL ST.  
TAMPA FL 33607

TITLE ☒ Change ☒ Addition  
NAME VP T  
STREET ADDRESS 7403 TRANSOM COURT  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONITA SCHWARTZ

1.18.2000

Date

207-0332  
813-287-4040

Daytime Phone #

CR2E034 (9/99)