

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90108 004 \*\*\*150.00

**DOCUMENT # P99000015674**

1. Entity Name

**SCHROEDER/PEREZ/JOHNSON, P.A.**

Principal Place of Business

3898 NORTH TAMiami TRAIL, STE. 202  
 NAPLES FL 34103

Mailing Address

3898 NORTH TAMiami TRAIL, STE. 202  
 NAPLES FL 34103-3547

2. Principal Place of Business

**9853 TAMiami TRAIL NO**  
 Suite, Apt. #, etc.  
**# 227-A**

3. Mailing Address

**9853 TAMiami TRAIL NO.**  
 Suite, Apt. #, etc.  
**# 227-A**

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**65-0923824**

Applied For

Not Applicable

Zip

**34108**

Country

**USA**

Zip

**34108**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, A. MICHAEL**  
 3898 NORTH TAMiami TRAIL, STE. 202  
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9853 TAMiami TRAIL NO.**  
**# 227**  
 City **NAPLES** FL Zip Code **34108**

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

*[Handwritten Signature]* **RICARDO PEREZ, PRESIDENT 4/19/00**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JOHNSON, A. MICHAEL</b>
STREET ADDRESS	<b>3898 NORTH TAMiami TRAIL, STE. 202</b>
CITY-ST-ZIP	<b>NAPLES FL 34103</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PEREZ, RICARDO</b>
STREET ADDRESS	<b>549 RT. #130 EAST</b>
CITY-ST-ZIP	<b>WINDSOR NJ 08520</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SCHROEDER, RICHARD H</b>
STREET ADDRESS	<b>549 RT. #130 EAST</b>
CITY-ST-ZIP	<b>WINDSOR NJ 08520</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>9853 TAMiami TRAIL NORTH H22A</b>
CITY-ST-ZIP	<b>NAPLES FL 34108</b>
TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*[Handwritten Signature]* **RICARDO PEREZ, PRESIDENT (609) 443-4031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)