

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90038 048 \*\*\*150.00

**DOCUMENT # P99000045566**

1. Entity Name

**STAFFORD-SCHUH SITE DEVELOPMENT SERVICES, INC.**

Principal Place of Business

Mailing Address

482 MOHAVE TERR.  
 LAKE MARY FL 32746  
 US

482 MOHAVE TERR.  
 LAKE MARY FL 32746  
 US

2. Principal Place of Business

3. Mailing Address

435 Douglas Ave.

435 Douglas Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 1505-F

Ste 1505-F

City & State

City & State

Altamonte Springs FL

Altamonte Springs FL

Zip

Country

Zip

Country

32714

USA

32714

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUH, MARK C  
 482 MOHAVE TERR.  
 LAKE MARY FL 32746

Name

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

435 Douglas Ave

Ste 1505-F

City

Altamonte Springs

FL

Zip Code

32714

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

*[Signature]*

4/24/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	SCHUH, MARK C	
STREET ADDRESS	482 MOHAVE TERRACE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	STAFFORD, SHERYL	
STREET ADDRESS	482 MOHAVE TERRACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

4/24/01

CR2E034 (10/00)