

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90147 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

33783

DOCUMENT # P99000053468

1. Entity Name

SCHWAB MATERIALS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2110 PONDELLA ROAD

3. Mailing Address

P O BOX 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH FT. MYERS, FLCity & State
DOVER, OH

4. FEI Number

31-1668957

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name RICE, J. JEFFREY

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

1515 BROADWAY

City

FORT MYERS

FL

Zip Code 33901

DO NOT WRITE
IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 SCHWAB, DAVID A.
 STREET ADDRESS 2110 PONDELLA ROAD
 CITY - ST - ZIP NORTH FORT MYERS, FL 33903

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE SD
 NAME SCHWAB, DONNA L.
 STREET ADDRESS 2110 PONDELLA ROAD
 CITY - ST - ZIP NORTH FORT MYERS, FL 33903

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE CD
 NAME SCHWAB, J. A.
 STREET ADDRESS 2110 PONDELLA ROAD
 CITY - ST - ZIP NORTH FORT MYERS, FL 33903

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: J. A. Schwab J. A. Schwab

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 941-649-7510

Date

Daytime Phone #