

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000061321****1. Entity Name**
ELEANOR F. SCHWARTZ ENTERPRISES, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90032 020 ***150.00

0062390

Principal Place of Business
4650 54TH AVENUE S. #215
ST. PETERSBURG FL 33711**Mailing Address**
4650 54TH AVENUE S. #215
ST. PETERSBURG FL 33711**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number** 59-3591893**Applied For****Not Applicable****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**SKALSKI, JOSEPH C
14010 ROOSEVELT BLVD., STE. 708
CLEARWATER FL 33762**Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SCHWARTZ, ELEANOR F	4650 54TH AVENUE S 3215	ST. PETERSBURG FL 33711				
SD	CLASS, MARION	4650 54TH AVENUE S. #215	ST. PETERSBURG FL 33711				
TD	SCHWARTZ, J. FRANK	4650 54TH AVENUE S. #215	ST. PETERSBURG FL 33711				

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

4/17/01 (727) 864-5421
Date Daytime Phone #

CR2E034 (10/00)