

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076893

1. Entity Name

SCHUCHMAN ENTERPRISES, INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90070 030 ***150.00

Principal Place of Business

3846 NORTH DAVIS HWY.
PENSACOLA FL 32503

Mailing Address

3846 NORTH DAVIS HWY.
PENSACOLA FL 32503-3025

2. Principal Place of Business

6706 N. NINTH AVE.

3. Mailing Address

5325 FLINTWOOD CIR.

Suite, Apt. #, etc.

BLOG. D; STE. 1B

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32504

Country

USA

Zip

32504

Country

USA

4. FEI Number

337-30-0161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUCHMAN, NORMAN J
3846 NORTH DAVIS HWY.
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name: SCHUCHMAN, NORMAN J.
Street Address (P.O. Box Number is Not Acceptable)
5325 FLINTWOOD CIRCLE
City: PENSACOLA FL Zip Code: 32504

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: NORMAN J. SCHUCHMAN

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME DONNA SUE SCHUCHMAN
STREET ADDRESS 5325 FLINTWOOD CIR.
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME NORMAN J. SCHUCHMAN
STREET ADDRESS 5325 FLINTWOOD CIR.
CITY-ST-ZIP PENSACOLA, FL 32504

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 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: NORMAN J. SCHUCHMAN

Date

850-969-0230

Daytime Phone #

CR2E034 (9/99)