

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000077275

1. Entity Name
SCHULTZ & LANDOLINA, P.A.

Principal Place of Business
900 S FEDERAL HWY, SUITE 322
STUART FL 34994

Mailing Address
900 S FEDERAL HWY, SUITE 322
STUART FL 34994

2. Principal Place of Business
900 S FEDERAL HWY

3. Mailing Address
900 S FEDERAL HWY

Suite, Apt. #, etc.
SUITE 322

Suite, Apt. #, etc.
SUITE 322

City & State
STUART FL

City & State
STUART FL

Zip Country
34994

Zip Country
34994

4. FEI Number
65-0942875

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHULTZ OWEN
900 S FEDERAL HWY, SUITE 322
STUART FL 34994

7. Name and Address of New Registered Agent

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 _____ DATE 04/05/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34994	Delete
D	LANDOLINA DOMENIC	900 S FEDERAL HWY, SUITE 322	STUART	FL	34994	<input type="checkbox"/>
D	SCHULTZ OWEN	900 S FEDERAL HWY, SUITE 322	STUART	FL	34994	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34994	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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: Owen Schultz D 04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)