

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-22-2001 90220 033 ***550.00

DOCUMENT # S13461

1. Entity Name
U.S. FLORIDA INVESTMENTS, INC.

Principal Place of Business

**225 SO. SWOOPE AVE., #208
 MAITLAND FL 32751**

Mailing Address

**225 SO. SWOOPE AVE., #208
 MAITLAND FL 32751**

2. Principal Place of Business

1515 S. ORLANDO AVE PO BOX 1822

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND FL

City & State

WINDERMERE FL

Zip

32751

Country

USA

Zip

34786

Country

USA

4. FEI Number

59-3044352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANGELL, PATRICIA A

**225 SO. SWOOPE AVE., #208
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name **LIN UNDERWOOD**

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

3920 BELLE VISTA DR. E.

City

ST PETE BEACH, FL

Zip Code

33706

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 *Lin Underwood*

LIN UNDERWOOD

7-24-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PTDS	<input type="checkbox"/> Delete
NAME	SCHUMACHER, WERNER D	
STREET ADDRESS	225 SO. SWOOPE AVE., #208	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHUMACHER, KATRINA	
STREET ADDRESS	225 SO. SWOOPE AVE., #208	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1515 S. ORLANDO AVE.
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1515 S. ORLANDO AVE.
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 another like empowered.

SIGNATURE:

Werner D. Schumacher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATRINA SCHUMACHER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Aug. 6, 01

Daytime Phone #

CR2E034 (5/01)