2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # S57922

1. Entity Name
HOLZSCHUH & ASSOCIATES P.A.

Principal Place of Business	Mailing Address
5835 WILLOW LN	5835 WILLOW LN
CRESTVIEW FL	CRESTVIEW FL
325398113 US	325398113 US

2. Principal Place of Business	3. Mailing Address
5835 WILLOW LN	5835 WILLOW LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRESTVIEW FL	City & State: CRESTVIEW FL
Zip: 325396192 Country: US	Zip: 325396192 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3081893 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLZSCHUH, ALBERT A.
157 RICHBOURG AVENUE
SHALIMAR FL
32579 US

7. Name and Address of New Registered Agent

Name: HOLZSCHUH, ALBERT A.
Street Address (P.O. Box Number is Not Acceptable): 5835 WILLOW LANE
City: CRESTVIEW FL Zip Code: 325396192

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 ________________ 04/28/2001
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	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	HOLZSCHUH, ALBERT A.	NAME	HOLZSCHUH, ALBERT A.
STREET ADDRESS	5835 WILLOW LN	STREET ADDRESS	5835 WILLOW LN
CITY-ST-ZIP	CRESTVIEW FL 325398113	CITY-ST-ZIP	CRESTVIEW FL 325396192
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Albert A. Holzschuh Pres 04/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #