

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90197 002 ***550.00

DOCUMENT # S58379

1. Entity Name
SCHOENITH, INC.

Principal Place of Business

**1662 MAIN STREET
 SARASOTA FL 34236
 US**

Mailing Address

**1662 MAIN ST.
 SARASOTA FL 34236
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3077 NEBBER

3. Mailing Address

PO Box 15189

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0267326

Applied For

Not Applicable

Zip

34239

Country

USA

Zip

34277

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SCHOENITH, JAY
 1662 MAIN ST.
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **JAY SCHOENITH**

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

3077 NEBBER

City **SARASOTA,**

FL

Zip **34239**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jay Schoenith**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/6/2002
 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 13, 2002 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 **D** ☐ Delete
 NAME **SCHOENITH, SHIRLEY**
 STREET ADDRESS **5055 GULF OF MEXICO DR.**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **Shirley Schoenith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)