

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07823

1. Entity Name

HOWARD SCHULTZ & ASSOCIATES OF FLORIDA, INC.

FILED

Jul 18, 2000 8:00 am  
Secretary of State

07-18-2000 90018 014 \*\*\*550.00

Principal Place of Business

Mailing Address

C/O DAVID HILLS  
3007 PALM AIRE DR NORTH  
POMPANO BEACH FL 33069  
US

C/O DAVID HILLS  
3007 PALM AIRE DR NORTH  
POMPANO BEACH FL 33069-3408  
US

2. Principal Place of Business

10670 Greenbriar Villa Dr.

3. Mailing Address

10670 Greenbriar Villa Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-0308931

Applied For

Not Applicable

Zip

Country

33467

Zip

Country

33467

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLS, DAVID  
3007 PALM AIRE DR NORTH  
POMPANO BEACH FL 33069

Name

Street Address (P.O. Box Number is Not Acceptable)  
10670 Greenbriar Villa Drive

City  
Lake Worth,

FL

Zip Code  
33467

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HILLS, DAVID  
3007 PALM AIRE DR NORTH  
POMPANO BEACH FL 33069 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
10670 Greenbriar Villa Drive  
Lake Worth, FL 33467 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
WEISER, I A  
700 SE 3 AVE, 3 FL  
FT. LAUD FL 33316 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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

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:

*David Hills*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00  
Date

Daytime Phone #

CR2E034 (9/99)