

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35124

1. Entity Name

STEVEN M. SCHUYLER - ARCHITECT, P.A.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90058 005 ***150.00

Principal Place of Business

Mailing Address

44 SPANISH ST

44 SPANISH ST

A
ST AUGUSTINE FL 32084
US

A
ST AUGUSTINE FL 32084
US

2. Principal Place of Business

1095 B

3. Mailing Address

SAFARI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ANASTASIA BLVD

City & State

ST. AUGUSTINE FL

City & State

4. FEI Number 59-3125458

Applied For

Not Applicable

Zip

Country

32080

ST. JOHNS

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLES, JOSEPH L
120 CHARLOTTE STREET
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

BOLES JOSEPH L

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

19 Ribena St.

City

ST. AUGUSTINE

FL

Zip Code

32084

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

4-11-2001

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 P
NAME SCHUYLER, STEVEN M
STREET ADDRESS 44 SPANISH ST
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SCHUYLER, STEVEN M
STREET ADDRESS 1095 B ANASTASIA BLVD
CITY-ST-ZIP ST. AUGUSTINE, FL. 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 all other like empowered.

SIGNATURE:

STEVEN M. SCHUYLER

(904) 471-3341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/12/01

Daytime Phone #

CR2E034 (10/00)