

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90005 008 ***558.75

DOCUMENT # 325704

1. Entity Name

R.L. SCHREIBER, INC.

(LA)

Principal Place of Business

Mailing Address

1741 NW 33RD STREET
 POMPANO BEACH FL 33064

1741 NW 33RD STREET
 POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1217903**

Applied For
 Not Applicable

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

CARSON, CHRISTOPHER W
1741 NW 33 ST
POMPANO BEACH FL 33064-1391

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 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	V	<input type="checkbox"/> Delete
NAME	SCHREIBER, JANE L	
STREET ADDRESS	1741 NW 33RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHREIBER, ANNE M	
STREET ADDRESS	1741 NW 33RD ST.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASSENGALE, MARY S.	
STREET ADDRESS	1741 NW 33 STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PETERSON, KATHLEEN S.	
STREET ADDRESS	1741 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHREIBER, THOMAS L	
STREET ADDRESS	1741 NW 33RD ST.	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHREIBER, JOHN R	
STREET ADDRESS	1741 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	

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
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STREET ADDRESS	
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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	

CR2E034 (10/00)

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: *Thomas Kennedy* **Thomas Kennedy** 11/6/01 974 972 7102
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #