

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053381

1. Entity Name
S.E. & D.S. SCHNEIDER, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1723 ROYAL PALM WAY Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State HOLLYWOOD, FL	City & State SAME	4. FEI Number 65-1035667	Applied For Not Applicable
Zip 33020	Country USA	Zip SAME	Country SAME

DO NOT WRITE IN THIS SPACE

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 Lee M. Weissman DATE 7/22/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

40192

DO NOT WRITE IN THIS SPACE

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARAH E. SCHNEIDER 1410 S. OCEAN DR., SUITE 808 HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVID S. SCHNEIDER 1410 S. OCEAN DR., SUITE 808 HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah E. Schneider DIRECTOR DATE 6/27/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)