

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91107 031 ***150.00

DOCUMENT # P00000102524

1. Entity Name

SCHNEIDER'S BUSINESS-TO-BUSINESS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 273745
 BOCA RATON FL 33486

P.O. BOX 273745
 BOCA RATON FL 33486

2. Principal Place of Business

2333 N. ST RL 7

3. Mailing Address

P.O. Box 273745

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Boca Raton FL

Zip

Country

33093 **Browards**

Zip

Country

33486 **Palm Beach**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1051124

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

GOLD, TYLER A ESQ
2651 N FEDERAL HWY, STE 200
FT LAUDERDALE FL 33306

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 Delete
 NAME **D SCHNEIDER, SCOTT**
 STREET ADDRESS **P.O. BOX 273745**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/01 954-818-45
31

CR2E034 (10/00)