5/24/

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-24-2004 90002 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000129995

1. Entity Name
DOUG SCHNELL CARPENTRY INC

DO NOT WRITE IN THIS SPACE

66427136 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
655 SOUTHWEST 1ST AVE	655 SOUTHWEST 1ST AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH FL	City & State: BOYNTON BEACH FL
Zip: 33426 Country: USA	Zip: 33426 Country: USA

4. FEI Number: 11-3708252 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DOUGLAS SCHNELL

Street Address (P.O. Box Number is Not Acceptable): 655 SOUTHWEST 1ST AVE

City: BOYNTON BEACH FL Zip Code: 33426

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. I am familiar with, and accept the obligations of registered agent.

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

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SCHNELL, DOUGLAS C
STREET ADDRESS	655 SOUTHWEST 1ST AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Doug Schnell 6-4-04 561-767-0690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

[redacted]

66427136

#P03000129995

JAMES J. DONOVAN, C.P.A. P.A.
3830 JOG ROAD
LAKE WORTH, FL 33467
PHONE: (561) 641-9550 FAX: (561) 641-4781

MAY 5, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: DOUG SCHNELL CARPENTRY INC
DOCUMENT #P03000129995

DEAR SIR/MADAM:

PLEASE BE ADVISED OF THE FOLLOWING FACTS AND CIRCUMSTANCES REGARDING THE LATE FILING OF THIS RETURN.

1). THE TAXPAYER DID NOT RECEIVE THE ANNUAL REPORT AND HAD NO KNOWLEDGE THAT AN ANNUAL REPORT WAS REQUIRED.
2). THEREFORE, WE BELIEVE REASONABLE CAUSE EXISTS FOR YOU WAIVING THE ASSESSED PENALTY.
3). WE HAVE ENCLOSED A CHECK IN THE AMOUNT OF $150.00 FOR THE FILING FOR 2004.
4). IF YOU HAVE ANY QUESTIONS ON THE ABOVE, PLEASE FEEL FREE TO CONTACT OUR OFFICE.

THANK YOU FOR YOUR COOPERATION,

SINCERELY,

James J Donovan CPA

JAMES DONOVAN, CPA

DOUGLAS SCHNELL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE.