2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # P94000069324 1. Entity Name SCHEU AND SCHEU, INC. 04-12-2000 90087 017 ***150.00 Principal Place of Business Mailing Address SCHEU & SCHEU. INC SCHEU & SCHEU, INC 48 CORAL WAY **48 CORAL WAY** KEY LARGO FL 33037 KEY LARGO FL 33037-2945 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0511651 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHEU BARBARA Street Address (P.O. Box Number is Not Acceptable) 298 BUTTONWOOD DRIVE KEY LARGO FL 33037 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Elecutive Officer/VP hamin Casey Scheu 104 pt pleasant Dr. TITLE Delete TITLE NAME SCHEU, WILLIAM NAME STREET ADDRESS STREET ADDRESS 298 BUTTONWOOD DR. CITY-ST-ZIP <u>kcy Largo,</u> Fl. 33U37 CITY-ST-ZIP KEY LARGO FL **X** Addition PA ☐ Defete TITLE ☐ Change TITLE veronica Scheu NAME SCHEU, BARBARA NAME 104 pt pleasant Ur. STREET ADDRESS STREET ADDRESS 298 BUTTONWOOD DR. CITY-ST-ZIP CITY-ST-ZIP KEY_LARGO FL ☐ Delete ☐ Change Audition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition