FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State P94000069324 DOCUMENT # 1. Entity Name SCHEU AND SCHEU, INC. Principal Place of Business Mailing.Address 106240 OVERSEAS HWY 106240 OVERSEAS HWY KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0511651 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHEU, BARBARA Street Address (P.O. Box Number is Not Acceptable) 298 BUTTONWOOD DRIVE KEY LARGO FL 33037 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Addition ☐ Change SCHEU, WILLIAM NAME NAME 298 BUTTONWOOD DR. STREET ADDRESS STREET ADDRESS KEY LARGO FL CITY-ST-ZIP CITY-ST-ZIP PA TITLE ☐ Delete ☐ Change ☐ Addition SCHEU! BARBARA NAME NAME 298 BUTTONWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO FL CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME SCHEU, CASEY STREET ADDRESS 104 PT PLEASENT DR. STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-78P CF0 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHEU. NAME NAME 104 PT PLEASENT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 the 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 trusteelest owered 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.

الاطافال الامار الامارية فيكيلا الصفاط الدار

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR