

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90652 016 ***150.00

DOCUMENT # 497490

1. Entity Name

SCHNEIDER AND POMYKALA, CHARTERED

Principal Place of Business

**22 S TUTTLE AVENUE SUITE 2
 SARASOTA FL 34237**

Mailing Address

**22 S TUTTLE AVENUE SUITE 2
 SARASOTA FL 34237**

2. Principal Place of Business

2055 WOOD ST

Suite, Apt. #, etc.

STE 120

City & State

SARASOTA FL

Zip

34237

Country

USA

3. Mailing Address

2055 WOOD ST

Suite, Apt. #, etc.

STE 120

City & State

SARASOTA FL

Zip

34237

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1635820

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, FRED C.

22 S TUTTLE AVE SUITE 2

SARASOTA FL 33577

Name

Street Address (P.O. Box Number is Not Acceptable)

2055 WOOD ST STE 120

SARASOTA FL

City

FL

Zip Code

34237

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete
 NAME **PD SCHNEIDER, FRED C**
 STREET ADDRESS **3708 RIVIERA DRIVE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME **TD POMYKALA, JOSEPH P.**
 STREET ADDRESS **22 SOUTH TUTTLE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **2392 JAMES LN.**
 STREET ADDRESS **SARASOTA FL**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowered.

SIGNATURE:

Fred C. Schneider
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
 Date

941-366-7133
 Daytime Phone #

CR2E034 (9/01)