

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90028 021 \*\*\*150.00

DOCUMENT # 521604

1. Entity Name  
SCHEELE KENNELS, INC.

Principal Place of Business

748 LAKE HOWELL ROAD  
MAITLAND FL 32751

Mailing Address

748 LAKE HOWELL ROAD  
MAITLAND FL 32751

2. Principal Place of Business

1957 Glen Lakes Cir. N.  
Suite, Apt. #, etc.

3. Mailing Address

1957 Glen Lakes Cir. N.  
Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

4. FEI Number 59-1711413

Applied For

Not Applicable

Zip

33702

Country

FLORIDA

Zip

33702

Country

FLORIDA

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

SCHEELE, HARRY C.  
748 LAKE HOWELL ROAD  
MAITLAND FL 32751

Name PAUL C. SCHEELE

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

1951 GLEN LAKES CIR. N.

City ST. PETERSBURG

FL

Zip Code 33702

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 PAUL C. SCHEELE

Paul C. Scheele

4/26/01

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          | VD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | SCHEELE, HARRY C.    |  |
| STREET ADDRESS | 748 LAKE HOWELL ROAD |  |
| CITY-ST-ZIP    | MAITLAND FL          |  |
| TITLE          | PD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | SCHEELE, PAUL C.     |  |
| STREET ADDRESS | 330 COLUMBUS CIRCLE  |  |
| CITY-ST-ZIP    | LONGWOOD FL          |  |
| TITLE          | S                    | <input checked="" type="checkbox"/> Delete |
| NAME           | ALVES, KAREN         |  |
| STREET ADDRESS | 748 LAKE HOWELL ROAD |  |
| CITY-ST-ZIP    | MAITLAND FL          |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | S                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TAMI J SCHEELE          |  |
| STREET ADDRESS | 1951 GLEN LAKES CIR. N. |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL       |  |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SCHEELE HARRY C.        |  |
| STREET ADDRESS | 1957 GLEN LAKES CIR. N. |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL       |  |
| TITLE          | PD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PAUL C. SCHEELE         |  |
| STREET ADDRESS | 1951 GLEN LAKES CIR. N. |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL       |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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: PAUL C. SCHEELE

Paul C. Scheele

4/26/01

7275761336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)