

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 521604
1. Entity Name
Scheele Kennels Inc.

FILED

02 JUL -2 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9356 45th St.
Suite, Apt. #, etc. _____
City & State *Pineellas Park FL*
Zip *33782* Country *USA*

3. Mailing Address
9356 45th St.
Suite, Apt. #, etc. _____
City & State *Pineellas Park FL*
Zip *33782* Country *USA*

4. FEI Number
59-1711413
Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name *Paul C. Scheele*
Street Address (P.O. Box Number is Not Acceptable)
9356 45th St.
City *Pineellas Park* FL Zip Code *33782*

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 Pres.* *Paul C. Scheele Pres.* *6/24/02*
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP | <i>PRESIDENT Paul C. Scheele 9356 45th St Pineellas Park FL 33782</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>000006230580--0 -07/05/02--01076--004 *****61.25 *****61.25</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>UP. SEC. TREAS. TAMM SCHEELE 9356 45th St Pineellas Park FL 33782</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul C. Scheele Pres* *Paul C. Scheele* *6/24/02* *7275761336*
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)