

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F37170

1. Entity Name

SCHNEIDER BOOK PUBLISHING, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90126 024 ***150.00

Principal Place of Business

Mailing Address

218 COMMERCIAL BLVD.
STE. 204
LAUDERDALE-BY-THE-SEA FL 33308

218 COMMERCIAL BLVD.
STE. 204
LAUDERDALE-BY-THE-SEA FL 33071-5433

2. Principal Place of Business

1440 Coral Ridge Dr.

3. Mailing Address

1440 Coral Ridge Dr.

Suite, Apt. #, etc.

#290

Suite, Apt. #, etc.

#290

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

Country

33071

Zip

Country

33071



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2110596

Applied For

Not Applicable

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

TAYLOR-MORTON, CAROL J.

~~218 COMMERCIAL BLVD.~~

~~SUITE 204~~

~~LAUDERDALE-BY-THE-SEA FL 33308~~

Name

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

1440 Coral Ridge Dr. #290

City

Coral Springs

FL

Zip Code

33071

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, 2000 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 PS
NAME SCHNEIDER, FRANZ
STREET ADDRESS REDWITZSTR. 9
CITY-ST-ZIP 81925 MUNICH ☐ Delete

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

TITLE V
NAME SCHNEIDER, GISELA
STREET ADDRESS REDWITZSTR. 9
CITY-ST-ZIP 81925 MUNICH ☐ Delete

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

TITLE V
NAME SALZER, STEFANIE
STREET ADDRESS DAMASCHKE STR. 90
CITY-ST-ZIP 818125 MUNICH GE ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

954 575 1146

Daytime Phone #