

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F37170

1. Entity Name

SCHNEIDER BOOK PUBLISHING, INC.

Principal Place of Business

1440 CORAL RIDGE DR.
#290
POMPANO BEACH FL 33071

Mailing Address

1440 CORAL RIDGE DR.
#290
POMPANO BEACH FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.
210 COMMERCIAL BLVD.
SUITE 204
LAUDERDALE BEACH FL 33308

Name
Taylor-Morton, Carol J.
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

Carol J. Taylor-Morton

4/23/01
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

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

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

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

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

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

F. Schneider SCHNEIDER

4.14.2001

(954) 575-1146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CP2E034 (10/00)