

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90018 044 ***150.00

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

1440 Coral Ridge Drive

3. Mailing Address

1440 Coral Ridge Drive

Suite, Apt. #, etc.
290

Suite, Apt. #, etc.
290

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

59-2110596

Applied For

Not Applicable

Zip
33071

Country
U.S.A.

Zip
33071

Country
U.S.A.

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.
 1440 CORAL RIDGE DR #290
 CORAL SPRINGS FL 33071**

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Franz Schneider
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/02
 Date

(954) 575-1146
 Daytime Phone #

CR2F034 (9/01)