Apr-25-2002 12:58pm From-FRIEDBERG SMITH 1203366192

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90441 044 ***150.00

DOCUMENT # F 97000000601

1. Entity Name
SCHACHTEL RESEARCH CENTERS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
109 QUAYSIDE DR	109 QUAYSIDE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER FL	City & State: JUPITER FL
Zip: 33477 Country	Zip: 33477 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0723903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
City: TALLAHASSEE FL Zip Code: 32301

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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	PTD
NAME	SCHACHTEL BERNARD P
STREET ADDRESS	109 QUAYSIDE DR
CITY-ST-ZIP	JUPITER FL 33477
TITLE	SD
NAME	SCHACHTEL SUSAN P
STREET ADDRESS	109 QUAYSIDE DR
CITY-ST-ZIP	JUPITER FL 33477
TITLE	
NAME	
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CR2E034R (12/01)

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: Susan Schachtel 4/29/02 561 575 7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #