

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90425 018 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000000601			
1. Entity Name SCHACHTEL RESEARCH CENTERS INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 109 QUAYSIDE DRIVE Suite, Apt. #, etc.		3. Mailing Address 109 QUAYSIDE DRIVE Suite, Apt. #, etc.	
City & State JUPITER FL Zip 33477		City & State JUPITER FL Zip 33477	
		4. FEI Number 65-0723903	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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	
		SUITE 105	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SCHACHTEL BERNARD P. 109 QUAYSIDE DR JUPITER FL 33477	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SCHACHTEL SUSAN P. 109 QUAYSIDE DR JUPITER FL 33477	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Susan Schachtel Susan Schachtel</u>		4/29/03 5615257330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	