2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9800003438 Aug 14, 2000 8:00 am Secretary of State 1. Entity Name SCHECHTER ASSOCIATES, INC. 08-14-2000 90002 026 ***150.00 Principal Place of Business Mailing Address 16608 MILLAN DE AVILA 16608 MILLAN DE AVILA **TAMPA FL 33613** TAMPA FL 33613 2. Principal Place of Business 3. Mailing Address PLATT STREET 1611 W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3511163 AMP4 Floring Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33<u>406</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOEHLER, KEITH W Street Address (P.O. Box Number is Not Acceptable) 1611 W. PLATT STREET TAMPA FL 33606 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CPT ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHECHTER, SUSAN NAME NAME 16608 MILLAN DE AVILA STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **TAMPA FL 33613** DS ☐ Delete TITLE ☐ Change ☐ Addition TITLE SCHECHTER, MICHAEL NAME NAME 16608 MILLAN DE AVILA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** ☐ Addition . Delete_ ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or powered.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR - Pasido Date 1

Daytime Phone #

KOEHLER & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS $p(\omega)$

MEMBERS OF THE AMERICAN INSTITUTE AND THE FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS TELEPHONE (813) 258-1272
FACSIMILE (813) 258-2422
WEB SITE: WWW.CPA-TAMPA.COM
E-MAIL: KOEHLER@CPA-TAMPA.COM

August 3, 2000

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Regarding: Schechter Associates, Inc.

To Whom it May Concern:

Enclosed please find a check payable to the Department of State for \$150.00 and Form 2000 Uniform Business Report for the above referenced corporation.

Please be advised that the above referenced corporation never received the original annual report and accordingly, should not be subject to the late fee. This statement should be sufficient to allow you to waive this late fee.

If you have any questions, please call me directly at (813) 258-1272.

Very Truly Yours,

lit willing

Keith W. Koehler

cc: Mrs. Susan Schechter Schechter Associates, Inc.