

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98897

1. Entity Name  
SCHREINER ENTERPRISES, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90137 008 \*\*\*150.00

Principal Place of Business

1251 TAYLOR LANE EXT  
SUITE 6F  
LEHIGH ACRES, FL 33936  
US

Mailing Address

P O BOX 931  
LEHIGH ACRES FL 33970

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0102220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, JR, A B  
801 W LEELEND HGTS BLVD  
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name

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

City

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, 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

TITLE NAME ☐ Delete  
P  
SCHREINER, ERICH  
STREET ADDRESS 757 BENTLEY ST E  
CITY-STATE-ZIP LEHIGH ACRES FL

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 801 W. LEELEND HGTS. BLVD.  
CITY-STATE-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition  
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CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)