




FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90092 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013512			
1. Entity Name JAN & MEL SCHER, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 767 SOUTH STATE ROAD 7		3. Mailing Address 767 SOUTH STATE ROAD 7	
Suite, Apt., #, etc. SUITE # 7H		Suite, Apt., #, etc. SUITE # 7H	
City & State MARGATE, FL		City & State MARGATE, FL	
Zip 33068		Country USA	
4. FEI Number 65-0980865		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name JAN SCHER			
Street Address (P.O. Box Number is Not Acceptable) 500 LAKESIDE CIRCLE			
City SUNRISE, FL Zip Code 33326			
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 		JAN SCHER	
Date JUNE 16, 2003		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		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
DIRECTOR JAN SCHER 500 LAKESIDE CIRCLE SUNRISE, FL 33326			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
DIRECTOR MELANIE SCHER 500 LAKESIDE CIRCLE SUNRISE, FL 33326			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
		DO NOT WRITE IN THIS SPACE	
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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)(f), 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: 		JAN SCHER DIRECTOR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date JUNE 16, 2003	

CR2E034B (12/02)

Attachment
90146787

JAN & MEL SCHER, INC.
767 SOUTH STATE ROAD 7 SUITE # 7H
MARGATE, FL 33068

June 16, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Doc # P00000013512


Dear Sir:

Enclosed please find a check for \$150.00 to cover the annual report fee for CY 2003 along with a completed UBR form. I never received the renewal form.

Please accept this check in good faith. I was not aware of the renewal form until my accountant brought it up to my attention. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,


Jan Scher
President