2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _S

FILED Aug 08, 2001 8:00 am Secretary of State

552

DOCUMENT # P00000070561 04-07-2001 90009 020 ***158.75 SERGE-SCHNEBLY CO. Principal Place of Business Mailing Address 700 SW 1ST ST 700 SW 1ST ST HOMESTEAD FL 33030 HOMESTEAD FL 33030 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WHITE IN THIS SPACE City & State City & State Applied For Not Applicable Ziρ Country \$8.75 Artificoni 5. Codificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Apent SCHNEBLY, PETER B Street Address (P.O. Box Number is Not Acceptable) 700 SW 1ST ST MOMESTEAD FL 33030 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 print FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be Added to Fees 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Octor TITLE Change Addition TITLE NAME SCHNEBLY, PETER B HALE STREET ADDRESS STREET ADDRESS 700 SW 1ST ST CITY-ST-ZIP CITY-ST-ZIP 1 HOMESTEAD FL 33030 TITLE Delete TITLE Addition SERGE, DENISSE \$ STREET ADDRESS 700 SW 1ST ST STREET ADDRESS CITY-ST-ZI CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delate Change Addition TITLE DILE NAME NAME STREET ADDRESS STREET ACKIRGESS DITY-ST-ZIP CITY-ST-20 TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-ZP-CITY-ST-ZIP TITLE ☐ Debeta TITLE. Change Addition NAME STREET ADDRESS STREET ACCRESS CTTY-ST-ZEP CATY-ST-ZIP TITLE ☐ Delete ITTLE Change Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-51-72P CITY-ST-ZIP on supplied with this filling does not exality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information emental 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 for further empowered to executary/his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TYPED OR PROPED NAME OF SOMING OFFICER OR DIRECTOR

04+00hmen+ boc# P000000010561 77839

FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

July 17, 2001

SERGE-SCHNEBLY CO. 700 SW 1ST ST HOMESTEAD, FL 33030

SUBJECT: SERGE-SCHNEBLY CO. Ref. Number: P00000070561

65-1035552

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott Document Specialist

Letter Number: 601A00042002