2002 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2002 8:00 am Secretary of State P00000070561 **DOCUMENT #** 1. Entity Name 03-26-2002 90037 046 ***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 WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1035552 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHNEBLY, PETER B Street Address (P.O. Box Number is Not Acceptable) 700 SW 1ST ST HOMESTEAD FL 33030 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intengible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE ☐ Defete TITLE ☐ Change ☐ Addition SCHNEBLY, PETER B NAME NAME 700 SW 1ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOMESTEAD FL 33030** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE SERGE, DENISSE S MARKE NAME 700 SW 1ST ST STREET ADDRESS STREET ADDRESS **HOMESTEAD FL 33030** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition 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 ☐ Addition TITLE ☐ Delete nne ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 13. I hereby certify that the information supplied with this filing does for 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 leport 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 expect 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.

ENHORE

Date

SIGNATURE:

FILED