

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90075 046 ***158.75

DOCUMENT # P00000070561

1. Entity Name
SERGE-SCHNEBLY CO.



Principal Place of Business

~~700 SW 1ST ST~~
HOMESTEAD FL 33030

Mailing Address

~~700 SW 1ST ST~~
HOMESTEAD FL 33030

30016433



2. Principal Place of Business

30205 SW 217 Ave
Suite, Apt. #, etc.

3. Mailing Address

30205 SW 217 Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Homestead FL

City & State

Homestead FL

4. FEI Number

65-1035552

Applied For

Not Applicable

Zip

33030

Country

USA

Zip

33030

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEBLY, PETER B

~~700 SW 1ST ST~~ **30205 SW 217 Ave.**

HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and new applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCHNEBLY, PETER B**
STREET ADDRESS ~~700 SW 1ST ST~~
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **D** ☐ Delete
NAME **SERGE, DENISSE S**
STREET ADDRESS ~~700 SW 1ST ST~~
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **30205 SW 217 Ave**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **30205 SW 217 Ave**
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 (305) 248-7700

Date

Daytime Phone #

CR2E034 (10/02)