


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90113 030 \*\*\*150.00

MARRIAGE AV

<b>DOCUMENT #</b> P00000096632 1. Entity Name <b>SCHUELER ENTERPRISES, INC.</b>	
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<b>Principal Place of Business</b> 850 NW 118 AVE PLANTATION FL 33325	<b>Mailing Address</b> 850 NW 118 AVE PLANTATION FL 33325
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State	<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State
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CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country
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<b>4. FEI Number</b> 65-1053303	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCHUELER, FRANK**  
 850 NW 118 AVE  
 PLANTATION FL 33325

**Name** FRANK W. SCHUELER  
**Street Address (P.O. Box Number is Not Acceptable)**  
850 N.W. 118 AVE  
  
**City** PLANTATION **FL** **Zip Code** 33325

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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**  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> SCHUELER, FRANK <b>STREET ADDRESS</b> 850 NW 118 AVE <b>CITY-ST-ZIP</b> PLANTATION FL 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:** Frank W. Schueler  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2003  
 Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)