

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91565 034 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # **PO1000034157**
 1. Entity Name
Bruce J. Schreiber + Company, Inc

Principal Place of Business Mailing Address
708 Palm Beach Trace Drive 708 Palm Bch Trace Dr.
Royal Palm Beach, FL 33411 Ryl Palm Bch FL
33411

2. Principal Place of Business 3. Mailing Address
708 Palm Beach Trace Dr 708 Palm Beach Trace Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ryl Palm Bch, FL Royal Palm Bch, FL
 Zip Country Zip Country
33411 PALM BEACH 33411 PALM BEACH

4. FEI Number Applied For
65-0189823 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Bruce J. Schreiber
708 Palm Beach Trace Drive
Royal Palm Beach, FL 33411

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FEES \$150.00
 After May 1, 2002 Fee will be \$50.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME PS Bruce J. Schreiber <input type="checkbox"/> Delete	STREET ADDRESS 708 Palm Beach Trace Dr.
CITY-ST-ZIP Royal Palm Beach, FL 33411	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP	

13. I hereby certify that the information supplied on this report or supplemental report is true and correct, and that the information of the corporation or the receiver or trustee is true and correct, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with _____, the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed.

SIGNATURE: **Bruce J. Schreiber** **FILED** **4/16/02** **561-723-8562**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)