

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 039 ***150.00

DOCUMENT # P010000078935 ✓

1. Entity Name

Susan Cramer-Schellhammer, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7575 Dr. Phillips Blvd.

7575 Dr. Phillips Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 170

Suite 170

City & State

City & State

Orlando Fla

Orlando FL

Zip

Country

Zip

Country

32819

USA

32819

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3741607

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Susan Cramer-Schellhammer

3/21/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY-ST-ZIP

President
Susan Cramer-Schellhammer
7539 Sugarbend Dr.
Orlando FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Cramer-Schellhammer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02 (407) 352-5800 x603

Date

Daytime Phone #

CR2E034B (12/01)