

FILED
May 28, 2002 8:00 am
Secretary of State

04-09-2002 90738 026 ***150.00

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084072

1. Entity Name

S. SCHAEFER CORPORATION

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
5606 PGA BoulevardSuite, Apt. #, etc.
Suite 211City & State
Palm Beach Gardens, FLZip
33418Country
USA

3. Mailing Address

5606 PGA Boulevard

Suite, Apt. #, etc.
Suite 211City & State
Palm Beach Gardens, FLZip
33418Country
USA4. FEI Number
65-1133080Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ronald W. Witekowski, Esq.Street Address (P.O. Box Number is Not Acceptable)
5606 PGA Boulevard, Suite 211City
Palm Beach Gardens FL Zip Code
33418

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 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schaefer, Sylvia 5606 PGA Boulevard, Suite 211 Palm Beach Gardens, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Sylvia Schaefer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-2002

Date

561-624-2001

Daytime Phone #

CR2E034B (12/01)