

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

4/2

04-23-2003 90208 010 \*\*\*150.00

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

**DOCUMENT #** P01000116088

1. Entity Name

SCHELLER ENTERPRISES INC.



**DO NOT WRITE IN THIS SPACE**

**55039848**

2. Principal Place of Business  
2506 WESTWOOD AVE

3. Mailing Address  
2506 WESTWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
NEW SMYRNA BEACH FL

City & State  
NEW SMYRNA BEACH FL

4. FEI Number  
59-3759727

Applied For  
Not Applicable

Zip  
32168

Country  
US

Zip  
32168

Country  
US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JENNIFER SCHELLER

Street Address (P.O. Box Number is Not Acceptable)  
2506 WESTWOOD AVE

City  
NEW SMYRNA BEACH FL Zip Code  
32168

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 constituting)

5/7/03

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
JENNIFER SCHELLER  
2506 WESTWOOD AVE  
NEW SMYRNA BEACH FL 32168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other persons empowered.

SIGNATURE: Jennifer Scheller

4/15/03 3165660864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Date Print

CR2E0348 (12/02)