2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90176 032 ***150.00

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DOCUMENT # P02000002186

1. Entity Name
KEN SCHEIDER, PA

1

Principal Place of Business	Mailing Address
9150 MCDOUGAL CT. TALLAHASSEE FL 32312	9150 MCDOUGAL CT. TALLAHASSEE FL 32312

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1624 Kuhl Acre Dr	1624 Kuhl Acre Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number 30-0016497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INGRAM, SPENCER A 118 SALEM CT. TALLAHASSEE FL 32301	Name: Ken Scheider Street Address (P.O. Box Number is Not Acceptable): 1624 Kuhl Acres Dr City: Tallahassee FL Zip Code: 32308

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: [signature] 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHEIDER, KENNETH M 9150 MCDOUGAL CT. TALLAHASSEE FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] 4/11/03 850-510-5162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #