

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 03, 2001 08:00 AM****Secretary of State****DOCUMENT # P95000081407**1. Entity Name
W&D SCHNEIDER CORP.**Principal Place of Business**

22830 FOUNTAIN LAKES BLVD.

ESTERO

33928

FL

US

Mailing Address

22830 FOUNTAIN LAKES BLVD.

ESTERO

33928

FL

US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

21301 S. TAMiami TR.

Suite, Apt. #, etc.

320-195

City & State

ESTERO

FL

Zip

33928

Country

US

4. FEI Number**65-0626675**

Applied For

Not Applicable

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHNEIDER WILLI

1901 S. ROOSEVELT BLVD. 204 N

KEY WEST

33040

FL

US

7. Name and Address of New Registered Agent

Name

SCHNEIDER WILLI DR.

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

22830 FOUNTAIN LAKES BLVD

City

ESTERO

FL

Zip Code

33928

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 **WILLI SCHNEIDER**

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

(NOTE: Registered Agent signature required when reinstating)

07/03/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	VS	<input type="checkbox"/> Delete
NAME	SCHEPERS-SCHNEIDER DOROTHEE	
STREET ADDRESS	22830 FOUNTAIN LAKES BLVD.	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	PT	<input type="checkbox"/> Delete
NAME	SCHNEIDER WILLI	
STREET ADDRESS	22830 FOUNTAIN LAKES BLVD.	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Willi Schneider**

P

07/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)