

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096791

1. Entity Name

KARL D. SCHNEIDER AGENCY, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90058 043 ***150.00

Principal Place of Business

1253 HWY A1A
#3
SATELLITE BEACH FL 32937
US

Mailing Address

PO BOX 372707
SATELLITE BEACH FL 32937-0707
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0940335

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

7. Name and Address of New Registered Agent

KARL D SCHNEIDER
380 THYME ST
SATELLITE BEACH FL 32937

Name

KARL D. SCHNEIDER

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

819 LOGGERS HEAD ISLAND WAY

City

SATELLITE BCH

FL

Zip Code

32937

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

Karl Schneider

KARL SCHNEIDER PRESIDENT

4-11-00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
SCHNEIDER, KARL D
380 THYME STREET
SATELLITE BEACH FL 32937

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Karl Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARL SCHNEIDER PRESIDENT

4-11-00

Date

Daytime Phone #

407. 773. 0990
407. 779. 2942

CR2E034 (9/99)