

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

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90382 002 ***558.75

DOCUMENT # P97000010259

1. Entity Name

SCHERER DEVELOPMENT & PROPERTY MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

969006

2. Principal Place of Business

13575 - 58th Street N.

Suite, Apt. #, etc.

Suite 186

City & State

Clearwater, FL

Zip

33760

Country

USA

3. Mailing Address

13575 - 58th Street N.

Suite, Apt. #, etc.

Suite 186

City & State

Clearwater, FL

Zip

33760

Country

USA

4. FEI Number

59-3431577

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SCHERER, JOHN C.

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

13575 - 58TH Street N, Suite 186

City

Clearwater

FL

Zip Code

33760

**DO NOT WRITE
IN THIS SPACE**

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 State

**10. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPST	SCHERER, JOHN C.	13575 - 58th Street N.	Clearwater, FL 33760
DV	SCHERER, LISA L.	13575 - 58th Street N, #186	Clearwater, FL 33760

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02

Date

Daytime Phone #

CR2E034B (12/01)