

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90229 014 ***150.00

DOCUMENT # P98000093690

1. Entity Name
RITA J. SCHNEIDER, P.A.

Principal Place of Business

**8042 BELLA FIORE WAY
 BOYNTON BEACH FL 33437**

Mailing Address

**8042 BELLA FIORE WAY
 BOYNTON BEACH FL 33437**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0874454**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, RITA J P.A.
 8042 BELLA FIORE WAY
 BOYNTON BEACH FL 33437**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, RITA J	
STREET ADDRESS	8042 BELLA FIORE WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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
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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 the 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:

SIGNATURE REQUIRED
RITA J. SCHNEIDER

7/2/02

Date

954-592-0196

Daytime Phone #

CR2034 (4/02)

Attachment
119236

JULY 2, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN:

[Signature]
RE: P98000093690

RITA J. SCHNEIDER, P.A.

I SENT THE RENEWAL FOR 2002 ON 4/25/02- WITH MY CHECK # 2890 FOR \$150.00.

AS OF TODAY IT HAS NOT BEEN CASHED BY MY BANK. I RECEIVED YOUR NOTICE FORM TODAY AND SPOKE WITH A PERSON NAMED ROBERT. I WAS INSTRUCTED TO WRITE A LETTER, SEND THE SECOND FORM WITH A REPLACEMENT CHECK FOR THE AMOUNT OF \$150.00.

THANK YOU FOR GIVING THIS YOUR ATTENTION.

SINCERELY,

[Signature]
RITA J. SCHNEIDER