

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90316 047 ***150.00

DOCUMENT # P99000093159

1. Entity Name

~~ALECIA EVANS INTERIOR DESIGN, INC.~~

Schneider Financial Services, Inc

Principal Place of Business

Mailing Address

4944 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351

4944 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351

00041003

2. Principal Place of Business

3. Mailing Address

4846 N. UNIVERSITY Dr

4846 N. UNIVERSITY Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#363

#363

City & State

City & State

Lauderh. 11 FL

Lauderh. 11 FL

Zip

Zip

33351

33351

4. FEI Number

65-0954115

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

**SCHNEIDER, JEFFREY A
 FL TAX MAN, INC.
 4944 N. UNIVERSITY DRIVE
 LAUDERHILL FL 33351**

Name

Alecia Schneider

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

9821 NW 10th St

PLANTATION FL

City

FL

Zip Code

33322

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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHNIEDER, ALECIA 9821 NW 10TH ST PLANTATION FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHNEIDER, JEFFREY 9810 NW 10TH ST PLANTATION FL 33322	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ilene Kirsch 2000 Atlantic Shores NALLANDALE, FL 33009	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)