FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90037 017 ***150.00

DOCUMENT # P99000093159

1. Entity Name
Schneider Financial Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1402 Royal Palm Bch Blvd	
Suite, Apt. #, etc. Bldg 700, Ste 110	Suite, Apt. #, etc. Same
City & State Royal Palm Beach, FL	City & State
Zip 33411 Country USA	Zip Country

4. FEI Number 65-0954115 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Jeffrey Schneider
Street Address (P.O. Box Number is Not Acceptable) 1402 Royal Palm Beach Blvd
Bldg 700, Ste 110
City Royal Palm Beach FL Zip Code 33411

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] 2/27/01
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	Pres, T, D	TITLE	
NAME	Alecia Schneider	NAME	
STREET ADDRESS	1402 Palm Beach Blvd	STREET ADDRESS	
CITY-ST-ZIP	Royal Palm Beach, Fl 33411	CITY-ST-ZIP	
TITLE	VP, Secty	TITLE	
NAME	Ilene Kirsch	NAME	
STREET ADDRESS	1402 Royal Palm Beach	STREET ADDRESS	
CITY-ST-ZIP	Royal Palm Beach, Fl 33411	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Robert Kirsch	NAME	
STREET ADDRESS	1402 Royal Palm Beach,	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Royal Palm Beach, Fl 33411	CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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] 2/27/01 561-868-1868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #