2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
04-28-2001 90092 036 ***150.00

0327371

DOCUMENT # S27685

1. Entity Name
SCHEER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~701 SE 6TH AVE~~ ~~DELRAY BEACH FL 33483~~ US	~~701 SE 6TH AVE~~ ~~DELRAY BEACH FL 33483~~ US

L00053968

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
50 E. Sample Road		50 E. Sample Road	
Suite, Apt. #, etc.: 400		Suite, Apt. #, etc.: 400	
City & State: Pompano Beach, FL		City & State: Pompano Beach, FL	
Zip: 33064	Country: USA	Zip: 33064	Country: USA

4. FEI Number 65-0239000 ☐ 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
SCHEER, DANA M. ~~701 SE 6TH AVE~~ ~~SUITE 204~~ ~~DELRAY BEACH FL 33483~~	Name: Street Address (P.O. Box Number is Not Acceptable): 50 E. Sample Road Suite 400 City: Pompano Beach FL Zip Code: 33064

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	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SCHEER, DANA M.		NAME		
STREET ADDRESS	~~701 SE 6TH AVE SUITE 204~~		STREET ADDRESS	50 E. Sample Road, #400	
CITY-ST-ZIP	~~DELRAY BEACH FL 33483~~		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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] 4/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #