2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L39602 1. Entity Name

FILED Apr 04, 2001 8:00 am Secretary of State

SCHACHI & COMPANY, INC.						04-04-2001 90497 002 ***150.00					
Principal Plac 6100 12TH STR VERO BEACH F	EET	Mailing Address 6100 12TH STREET VERO BEACH FL 32966				541849					
2. Principal P	3. Mailing Address	38									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WE	RITE IN THIS	SPACE		
City & State	e	City & State			4.	FEI Number	59-29881	01		Applied For	
Zip Country		Zip Cou		untry		Certificate of	Status Desired	· □	\$8.75 A	dditional	
	6. Name and Address of Current	Registered Agent			7. 1	Name and Ac	dress of New	Registered			
A# 47 / 24		the same	-	Name -	ge-14		· .~	-		- 1	
CURTIS, NED P. 3055 CARDINAL DRIVE SUTE 202				Street Address (P.O. Box Number is Not Acceptable)							
	D BEACH FL 32963			City	ty Zip Code					ide	
	·			City				FL	<u>- Zip CC</u>		
9. This corpo	Signature, typed or printed name of registered agent of praction is eligible to satisfy its Intangible requirement and elects to do so.		!! FEE 01 Fee	IS \$150. will be \$	550.00	10. Election	on Campaign F Fund Contribu			00 May Be	
11.	OFFICERS AND	L DIRECTORS	12.	•	A	DDITIONS/CH	HANGES TO O	FFICERS AN	D DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHACHT, JANET B 6100 12TH STREET VERO BEACH FL 32966	☐ Delete	TITLE NAMI STRE		VD Louis 6100 -	C. Sch		;	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHACHT, JANET B. 1730 45TH AVE. VERO BEACH FL	【 X Delete			VTD Henry 6100 -	F. Sch 12th		:	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	سواه المدا المداه مو	Delete			D Henry 6100 -	W. Sch - 12th		.	Change	[X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			D Raymor 6100 -	nd W. 9	Schacht Street FL 32	; :	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete							Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E Et address -St-Zip	tod in Casting	110.07/2)(3)	Elosido Statuta	a I further as	☐ Change		
is interested	certify that the information supplied with	una ming uces not qualify to	nue exe	mpuon sta	nou in Jection	legal effect a	r is made unde	or noth; that I	am an offic	er or director	

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: