2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # **P98000017377** SCHULTZ ENTERPRISES, INC. 01-28-2000 90084 046 ***150.00 Principal Place of Business Mailing Address 3466 SILVER MEADOW WAY 3466 SILVER MEADOW WAY PLANT CITY FL 33567 PLANT CITY FL 33567-2724 C0013005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0824930 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHULTZ, JAMES F Street Address (P.O. Box Number is Not Acceptable) 3466 SILVER MEADOW WAY PLANT CITY: FL 33567 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change ☐ Delete TITLE SCHULTZ, JAMES F NAME NAME 3466 SILVER MEADOW WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33567 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME SCHULTZ, PENNY STREET ADDRESS 3466 SILVER MEADOW WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 occurate 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 repeiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with allother like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR