

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91412 016 ***150.00

0668771 AB

DOCUMENT # P96000098062

1. Entity Name
THE SCHUMACHER GROUP OF FLORIDA, INC.



Principal Place of Business
**110 RUE JEAN LAFITTE
LAFAYETTE LA 70508**

Mailing Address
**P.O. BOX 51165
LAFAYETTE LA 70508
ATTN: LISHA FALK**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3414339**

Applied For
Not Applicable

Zip Country

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200-S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHUMACHER, WILLIAM C 110 RUE JEAN LAFITTE LAFAYETTE LA 70508	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, GARY I 110 RUE JEAN LAFITTE LAFAYETTE LA 70508	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP CRAYS, WILLIAM D 110 RUE JEAN LAFITTE LAFAYETTE LA 70508	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
+ EXEC. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
+ DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CORPORATE SECRETARY + VP LISHA C. FALK 110 RUE JEAN LAFITTE LAFAYETTE, LA 70508	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRESIDENT + DIRECTOR RANDAL L. PILGRIM 110 RUE JEAN LAFITTE LAFAYETTE, LA 70508	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CHIEF OPERATIONS OFFICER JAMES GUIDRY JR 110 RUE JEAN LAFITTE LAFAYETTE, LA 70508	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisha C. Falk **LISHA C. FALK VP+CORP SEC.** 4/29/03 337-237-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)