

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90150 006 ***150.00

DOCUMENT # 372549

1. Entity Name
SCHUMANN CASTERS & EQUIPMENT COMPANY, INC.



Principal Place of Business
**1299 W BEAVER ST
JACKSONVILLE FL 32204**

Mailing Address
**1299 W BEAVER ST
JACKSONVILLE FL 32204**

70001945



2. Principal Place of Business

3. Mailing Address
P O BOX 2115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE, FL

4. FEI Number
59-1308410

Applied For
Not Applicable

Zip

Country

Zip
32203

Country
DUVAL

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

6. Name and Address of Current Registered Agent

**WATKINS, REX, E.
4120 WILCREST CR, EAST
JACKSONVILLE FL**

7. Name and Address of New Registered Agent

Name
WATKINS, ANTHONY E.
Street Address (P.O. Box Number is Not Acceptable)
10059 AMHERST HILLS COURT
City
JACKSONVILLE **FL** Zip Code
32256

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ANTHONY E. WATKINS

DATE

1/7/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WATKINS, REX E.
4120 WILCREST CR, EAST
JACKSONVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WATKINS, BETTY J
4120 WILCREST CR E
JACKSONVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WATKINS, ANTHONY E.
10059 AMHERST HILLS COURT
JACKSONVILLE FL 32256** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WATKINS, REX E.
4120 WILCREST CR EAST
JACKSONVILLE, FL 32277** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WATKINS, ANTHONY E.
10059 AMHERST HILLS COURT
JACKSONVILLE, FL 32256** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY WATKINS

Date

1/7/03

Daytime Phone #

904 356-2899

CR2E034 (10/02)