

2000 UNIFORM BUSINESS REPORT (UBR)

1012

0004988

DOCUMENT # 392312

1. Entity Name
SCHUMACHER ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 20 AM 9:14

Principal Place of Business PO BOX 626 ORANGE SPRINGS FL 32182	Mailing Address PO BOX 626 ORANGE SPRINGS FL 32182
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1372190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHUMACHER, CLAUDIA W.
13514 NE 232ND LANE ROAD
ORANGE SPRINGS FL 32182

7. Name and Address of New Registered Agent

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.

SIGNATURE Claudia W. Schumacher *in a hurry* *Nothing Changed* 7/17/00
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHUMACHER, WAYNE PO BOX 626 (N/A) ORANGE SPRINGS FL 32182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003343670--0 -08/02/00--01011--016 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUMACHER, CLAUDIA W PO BOX 626 (N/A) ORANGE SPRINGS FL 32182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Claudia W. Schumacher 7/17/00 352/546-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

2012

SEI

Schumacher Enterprises, Inc.

P.O. Box 626
Orange Springs, FL 32182

July 17, 2000

Division of Corporations
Uniform Business Report Filings
P.O. 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Reference: 59-1372190

Per advice from Kathy, we are writing this letter to request that you grant a waiver of the late fee. We mailed the original form mid- March with our check #6759, dated March 6th. We are sending the replacement form with our check #219 for \$150.00 as per Kathy's instructions. Thank you for your assistance.

Yours truly,



Claudia W. Schumacher
President