## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2000 8:00 am DOCUMENT # 507813 Secretary of State SCHAAF DEVELOPMENT GROUP, INC. 03-01-2000 90093 023 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 2280 725 NORTH A1A JUPITER FL 33468-2280 SUITE D-101 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For City & State 4. FEI Number City & State 59-1680631 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENOWN, MICHELLE T. Street Address (P.O. Box Number is Not Acceptable) 257 CARDINAL LANE Jupiter FL 33458 Zip Code City 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) 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 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD Change TITLE ☐ Delete TITLE SCHAAF, GREGG NAME NAME P.O. BOX 2280 N.A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Change ☐ Addition ☐ Delete TITLE TITLE TASSELL, DAVID NAME NAME STREET ADDRESS P.O. BOX 2280 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Change ☐ Addition AST-☐ Delete TITI F SCHAAF, GREGG NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 2280 N/A CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Change ☐ Addition ☐ Delete TITLE MENOWN, MICHELLE T. NAME NAME STREET ADDRESS P.O. BOX 2280 N/A STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JUPITER FL Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME

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 of 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 of the corporation or address, with all other like empowered. changed, or on an artachmer

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR