## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** 537748 **DOCUMENT #**

1. Entity Name



## **FILED** Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90116 010 \*\*\*150.00

BIS WEST FEAR ST.  POL BOX 688  LAKELAND FL 38802-7888  LAKELAND FL 38801  City  City  FL  The above named avoid submits this statement for the purcoses 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both professions of registered agent or both, in the State of Florida. I am familiar wi	SCHROEDER AND OWENBY, INC.				7		
Suffa, Apt. #, etc.   Suffa, Apt. #, etc.   CHOK HERE IF MAKING CHANGES	. P.O. BOX 868		815 WEST PEAR ST. P.O. BOX 868				
City & State  City & State  City & State  City & State  Country  Country  Country  So Coun	2. Principal Place of Business		3. Mailing Address			EIOII BIBII OIGII BIBII BIBII IBBI	
Zip Country Zp Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Character of Status Desired  SCHROEDER, GEORGE  115 WEST PEAR ST.  LAKELAND FL 33801  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  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.:  PFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  SCHROEDER, GEORGE  STRET ADDRESS  ST	City & State		City & State		4. FEI Number 59-1846936	<del></del>	
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815 WEST PEAR ST. LAKELAND FL 33801  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, byed or prince time of registered signature registered agent agreement agreemen				Name	Name		
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SiGNATURE  Signature, speed or printed turns of registered agent and site it applicable.  PLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  BY Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS II 1.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SCHROEDER, GEORGE  312 PALENCIA PLACE  LAKELAND FL  Delete  TITLE  SCHROEDER, MICHAEL  6334 SUNSET RIDGE RD  LAKELAND FL  Delete  TITLE  D							
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12. Thereby 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 supplies and securate and that my signature shall have the same legal effect as if made under eath; that I am an efficie or director.		ertify that the information supplied with t	his filing does not qualify for th		ection 119.07(3)(i), Florida Statutes. I further cert	tify that the information	

report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if