2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 854421

Entity Name: SCHENKEL & SHULTZ INC.

FILED Jan 22, 2003 Secretary of State

y	iidi oorieliii	LE & 0110E12, 1140.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
111 EAST #555	WAYNE ST				
	IE, IN 46802	US			
Current Mailing Address:			New Mailing Address:		
111 E WA	YNE ST				
#555 FT. WAYN	IE, IN 46802	US			
FEI Number:	: 35-1382527	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
1200 S. PII	ORATION SYS NE ISLAND RO ON, FL 33324	DAD			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
		ic Signature of Registered Age	ent	Date	
		g Trust Fund Contribution ().	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
OFFICER	S AND DIREC	IORS.	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS.	
Title:	٠,	Delete	Title:	PD (X) Change () Addition	
Name:	GOULOFF, MIC	•	Name:	GOULOFF, MICHAEL S,	
Address: City-St-Zip:	11117 CARNOL FT WAYNE, IN		Address: City-St-Zip:	11117 CARNOUSTIE LN FT WAYNE, IN 46814	
Title:		Delete	Title:	VPD (X) Change () Addition	
Name:	DANIEL M TYAI		Name:	DANIEL M TYARCZYNSKI,	
Address: City-St-Zip:	1553 ANTOINE OVIEDO, FL 32		Address: City-St-Zip:	813 COPPERFIELD TERRACE CASSELBERRY, FL 32707	
Title:	STD ()	Delete	Title:	() Change () Addition	
Name:	CHANDLER J T		Name:	· · · · · · · · · · · · · · · · · · ·	
Address:	3331 LAKEVIE	N OAKS DR	Address:		
City-St-Zip:	LONGWOOD, F	FL 32779	City-St-Zip:		
Title:	VPD (X) Delete	Title:	() Change () Addition	
Name:	NEFF, THOMAS	6 G.,	Name:		
Address:	11777 SEA STA		Address:		
City-St-Zip:	FISHER, IN 46	038	City-St-Zip:		
Title:	VPD (X)) Delete	Title:	() Change () Addition	
Name:	SHOLL, DAVID		Name:		
Address:	5731 KINLOCK		Address:		
City-St-Zip:	FT WAYNE, IN	46835	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. GOULOFF PD 01/22/2003