

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90015 023 ***150.00

DOCUMENT # F18905

1. Entity Name
E.J. SCHRADER COMPANY, INCORPORATED

Principal Place of Business
% BLAIR J SCHRADER
6601 NORTON AVE
WEST PALM BEACH FL 33405

Mailing Address
P O BOX 6265
6601 NORTON AVE
WEST PALM BEACH FL 33405
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2053584**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRADER, BLAIR J
6601 NORTON AVE
WEST PALM BEACH FL 33405

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COBD** ☐ Delete
NAME **SCHRADER, E.J.**
STREET ADDRESS **730 HIGH ST**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **MARY CAY BROCK**
STREET ADDRESS **4664 6th AVE**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32095**

TITLE **PD** ☐ Delete
NAME **SCHRADER, BLAIR J**
STREET ADDRESS **6601 NORTON AVE**
CITY-ST-ZIP **W PALM BCH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **MARILYNNE SCHRAMER**
STREET ADDRESS **6142 S.W. 8th LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☐ Delete
NAME **PICARD, MARLENE**
STREET ADDRESS **10 SANFORD BRIDGE RD.**
CITY-ST-ZIP **EAST HADDAM CT 06423**

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

TITLE **VPD** ☐ Delete
NAME **BOYCE, MICHELLE G**
STREET ADDRESS **5013 SESAME RD.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **3402 GARDENS EAST DR #14A**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☐ Delete
NAME **SCHRADER, EVELYNNE J**
STREET ADDRESS **730 HIGH ST**
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **SD** ☐ Delete
NAME **GERMANA, MEREDITH**
STREET ADDRESS **5013 SESAME RD.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

Blair J. Schrader **Blair J. Schrader**, 3/15/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0350389 AV

CR2E034 (9/01)