2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F9400005680 DÖCUMENT#

1. Entity Name



FILED Mar 10, 2003 8:00 am Secretary of State

DANIEL R. SCHULMAN, INC.						03-10-2003 90130 010 ***150.00			
Principal Place of Business 10132 NW 4TH ST PLANTATION FL 33324 US		10132	Mailing Address 10132 NW 4TH ST PLANTATION FL 33324 US				 	ar uri arika dik	E den en de
2. Principal Place of Business			3. Mailing Address						
Suite, Ap	t. #, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City	City & State			4. FEI Number 04-2710230 Applied For Not Applicable			
Zip	Country	Zip		Country		5. Certificate of Status Desired	ı <u> </u>	\$8.75 Ac	iditional
	6. Name and Address of Curre	nt Registered	1 Agent			7. Name and Address of New	Registered		-
COMMISSION DOWN					Name.				
SCHULMAN, DONNA				Street Address (F	P.O. Box Number is Not Acceptate	ole)			
10132 NW 4TH ST Plantation FL 33324				-	,				
PLANTA	11UN FL 33324								
				l	Dity		FL	Zip Cod	1
8. The abov	e named entity submits this statement ations of registered agent.	for the purpo	se of changing its r	registered o	office or registere	ed agent, or both, in the State of I	lorida. I am	I lamiliar with	and accept
trie dibliga	allons of registered agent.								
SIGNATURE	Signature, typed or printed name of registered age								
		ent and title if applic	cable. (NOTE:	Registered Ag	ent signature required v	when reinstating)	DATE		
	FILE NOW!!!=FEE-IS \$150.00	, `	•	- -	= 40 · 200	9. Election Campaign F	inancing	\$5 f	00 May Be
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department					Trust Fund Contribut			d to Fees
10. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OF	EICEDS AND	DIRECTOR	C IN 11
TITLE	CPT		☐ Delete	11.	T	ADDITIONS/CITANGES TO OF	FICENS AND	Change	Addition
NAME	SCHULMAN, DANIEL R			NAME				L.J Change	L Addition
STREET ADDRESS	10.000			STREET A	l				
CITY-ST-ZIP	PLANTATION FL 33324		 .	CITY-ST-	ZIP		_		
TITLE NAME	DS COULTANANT DONNA		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS	SCHULMAN, DONNA 10132 NW 4TH ST			NAME					
CITY-ST-ZIP	PLANTATION FL 33324			STREET AL					1
TITLE			☐ Delete	TITLE					
NAME	-		To Gelera	NAME		يونيوسوسور وا	·	Change	Addition
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CITY-ST-ZIP				CITY-ST-	ZIP				
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NAME				NAME	•				
STREET ADDRESS CITY-ST-ZIP				STREET AD					
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CITY-ST-ZIP	<u> </u>			CITY-ST-Z	ı				
TITLE			☐ Delete	TITLE	<u> </u>			☐ Change	Addition
NAME				NAME				o.ango	
STREET ADDRESS CITY-ST-ZIP				STREET AD	I				
VIII-01-71				CITY-ST-Z	IP I				1
	ertify that the information supplied wit	de al 1 mars -							

indicated on this report or supplied with this filling 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 10 or Block 11 if changed, or on an attachment of the address, with all other life empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-452-5015