2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # F9700006277 1. Entity Name SCHEFFER INTERNATIONAL MARKETING, INC. 04-26-2000 90073 047 ***150.00 Mailing Address Principal Place of Business 7370 COLLEGE PKWY 7370 COLLEGE PKWY 720004 SUITE 311 SUITE 311 FORT MYERS FL 33928-2114 FORT MYERS FL 33907 3. Mailing Address 2. Principal Place of Business 21589 Windham Run 21589 Windham Run DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 35-1979225 Stero Not Applicable. Her Country Country Zip \$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 ROBERT D ROYSTON JR., P.A. Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY LVD., STE 101 FORT MYERS FL 33907 Zin 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change PCD PCD ☐ Addition Delete TITLE TITLE Scheffer Scott R. 21589 Windham Run SCHEFFER, SCOTT R NAME NAME 7370 COLLEGE PKWY STE 311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Estero, FL 33928 CITY-ST-ZIP FORT MYERS FL ☐ Addition **Change** Delete TITLE TITLE Scheffer, Melinda R. SCHEFFER, MELINDA R NAME NAME 21589 Windtam Run STREET ADDRESS 7370 COLLEGE PKWY STE 311 STREET ADDRESS CITY-ST-ZIP-Estero FL 33928 FORT-MYERS FL-CITY-ST-7IP--= ☐ Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP