2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DOCUMENT # H77643 Feb 20, 2000 8:00 am 1. Entity Name **Secretary of State** SCHEER COMMERCE CENTER, INC. 02-20-2000 90032 009 ***150.00 Mailing Address Principal Place of Business 2535 SUCCESS OR 2535 SUCCESS DR ODESSA FL 33556-3401 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2608051 Not Applicable \$8.75 Additional Country Ζip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, RICHARD W. Street Address (P.O. Box Number is Not Acceptable) 2535 SUCCESS DR ODESSA FL 33556 Zip 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change TITLE NAME SPEER, ROY M. STREET ADDRESS STREET ADDRESS 2535 SUCCESS DR CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 ☐ Addition ☐ Change TITLE TITLE SCHERER, CHRIS J. NAME NAME STREET ADDRESS STREET ADDRESS 2535-SUCCESS DR CITY-ST-7IP CITY-ST-ZIF QDESSA FL 33556 Change ☐ Addition TITLE □ Delete TITLE BAKER, RICHARD W. NAME STREET ADDRESS STREET ADDRESS 2535 SUCCESS DR CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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