2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H84635** May 02, 2000 8:00 am Secretary of State 1. Entity Name SCHOFIELD, CORP. 05-02-2000 90158 037 ***150.00 Principal Place of Business Mailing Address 7050 TURTLE MOUND RD. P.O. BOX 2276 NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32170-2276 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2600272 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUBHES, BARRY E. Street Address (P.O. Box Number is Not Acceptable) 2001 S RIDGEWOOD AVE SOUTH DAYTONA FL 32119 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change ☐ Detete TITLE TITLE SCHOFIELD, JOHN D. NAME NAME STREET ADDRESS P.O. BOX 2041 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA BEACH FL 32170** ☐ Addition ☐ Delete Change TITLE SCHOFIELD, JOHN-JO NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 2041 N/A CITY-ST-ZIP CITY-ST-ZIE NEW SMYRNA BEACH FL 32170 ☐ Delete Change ☐ Addition TITLE TITLE SCHOFIELD, JOHN D NAME MAME P.O. BOX 2041 N/A STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7IP **NEW SMYRNA FL** ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: