	J. 5 Cm	<b>3</b> ,	APPROVED	·
2000 UNIFORM BUS	INESS REPO	RT (UBI	APPROVED AND	
DOCUMENT# K 368	31		FILED	
1. Entity Name			00 0CT 12: AM 7: N6	
Schrader Lands	comina Co	Inc -	00 00 1 2' AM 7: 06	
	12		SECRETARY OF STATE	
Principal Place of Business	Mailing Address	Pocketel	rallahassee, Florida	
104 N. Pine St.	= =	Smyra		•
· <del>-</del>		321		
New Smyras, Fl. 2. Principal Place of Business	3. Mailing Address		- 8	
104 N. Pine St.	Jyg Rocke Suite, Apt. #, etc.	feller S	<u>)c.</u>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	DO NOT WRITE IN THIS SPACE	
City & State	City & State	<u></u>		Applied For
Vew Smyrna Bch, Flo	Vew Smyre	Country	\$8.75 A	Not Applicable dditional
32169 Volusia	32168	Volusia	5. Certificate of Status Desired Fee Requi	
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent	
Our A. Seps	Δ.,	Street A	ddress (P.O. Box Number is Not Acceptable)	
120 E. Granada		<u> </u>		
Ormand But Flo	a 3 > 176	City	<b>₽</b> Zip Co	nde
				89
8. The above named entity submits this statement	or the purpose of changing its r	egistered office o	-11/01/00 01:10	
SIGNATURE				**61.25
Signature, typed or printed name of registered ager	nt and tale if applicable (NOTE:	Registered Agent signal	re required when reinstating) DATE	
<ol> <li>This corporation is eligible to satisfy its Intangib         Tax filing requirement and elects to do so.     </li> </ol>	e FILE NOW!! After SEPTEMBER 13	! FEE IS \$550. , 2000 Min. will	ha czen anali 10. Election Campaign Financing 55.	.00 May Be led to Fees
(See criteria on back)	Make Check Payabl	据。由《中心》,并《次语》中	of State	
11. OFFICERS AND TITLE Uice (Sec / Trea S		12. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
NAME Kinberly S. Schre	ader	NAME	Alissa Pinto	
STREET ADDRESS 449 Rockefeller	Or.	STREET ADDRESS CITY-ST-ZIP	104 North Pine St.	Addition S
TITLE New Sayona	<u> </u>	TITLE	Wen Smyrna, Fla Jole9 Change	e ☐ Addition   C
NAME	<u> </u>	NAME		
STREET ADDRESS - CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	e 🔲 Addition
NAME	•	NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	Change	e 🔲 Addition
NAME STREET ADDRESS (		.NAME STREET ADDRESS	'	*
CITY-ST-ZIP		CITY~ST-ZIP		
TITLE	☐ Delete	TITLE	Change	e 🔲 Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		<u></u>
TITLE NAME	☐ Delete .	TITLE NAME	M Plange	e 🔲 Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
indicated on this report or supplemental report	is true and accurate and that m	v signature shall t	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the ave the same legal effect as if made under oath; that I am an office	er or director
of the corporation or the receiver or trustee em changed, or on an attachment with an address	powered to execute this report a , with all other like empowered.	as required by Ch	apter 607, Florida Statutes; and that my name appears in Block 11	OURIOCK 121
CICNATURE / / -/	stranke 1		10/10/02 904-405-	1571
SIGNATURE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER OF	OR DIRECTOR	Date Daytime Phone	<u> </u>

SIGNATURE: Jennes & Stucker