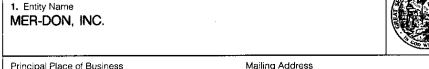
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT

1. Entity Name

L66711





% DONNA G. SCHRIMSCHER 268 E PALMETTO AVE LONGWOOD FL 32750		% DONNA G. SCHRIMSCHER 268 E PALMETTO AVE LONGWOOD FL 32750		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HER
City & State		City & State		4. FEI Number 59-301416
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			7. Name and Address of New	
SCHRIMSCHE 268 E PALME			Name Street Ad	dress (P.O. Box Number is Not Acceptat

FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90157 040 ***150.00



ame and Address of New Registered Agent x Number is Not Acceptable) Zip Code City

B. 1	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.	I am familiar with, and accept
t	the obligations of registered agent.	
	W 174	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

學作LE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

\$8.75 Additional

Fee Required

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition ☐ Change TITLE TITLE ☐ Delete SCHRIMSCHER, MERRILL P. NAME NAME STREET ADDRESS 268 E PALMETTO AVE STREET ADDRESS LONGWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME SCHRIMSCHER, DONNA G NAME STREET ADDRESS STREET ADDRESS 268 E PALMETTO AVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Change [Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

12. 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 emporered 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

Conno G. Schrimscher 1-49-03