

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000559

1. Entity Name

WILLSHAR - SCHROEDER L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:02

Principal Place of Business

1675 51ST COURT
VERO BEACH FL 32966

Mailing Address

1675 51ST COURT
VERO BEACH FL 32966-2339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0524534

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND, JOHN J JR
1200 N. FEDERAL HIGHWAY
SUITE 411
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

Handwritten signature and date 2/28/00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME SCHROEDER, WILLIAM L
STREET ADDRESS 1675 51ST COURT
CITY-ST-ZIP VERO BEACH FL 32966

☐ Change ☐ Addition
4000003179304--1
-03/22/00--01020--025
*****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME SCHROEDER, SHARON K
STREET ADDRESS 1675 51ST COURT
CITY-ST-ZIP VERO BEACH FL 32966

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Handwritten signature of William L. Schroeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/28/00 561-562-1493

CR2E083 (9/99)