LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 13 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002830

1. Entity Name
SCHULER MARINE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1600 SE 17th St
Suite, Apt. #, etc.
405
City & State
Ft. Lauderdale, FL
Zip 33316 Country USA

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65 1028013
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Kurt E. Bosshardt, Esq.
Street Address (P.O. Box Number Is Not Acceptable) Kurt Bosshardt & Associates
1600 SE 17th Street, Suite 405
City Ft. Lauderdale FL Zip Code 33316

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 ______ see page 2 for original signature
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
Title	MGRM	Title	MGRM
Name	Schuler, Tracy	Name	Schuler, Barry
Street Address	204 Carrwood Rd.	Street Address	204 Carrwood Rd.
City-St-Zip	Great Falls, VA 22066-3722	City-St-Zip	Great Falls, VA 22066-3722
Title / Name / Street Address / City-St-Zip		Title / Name / Street Address / City-St-Zip	
Title / Name / Street Address / City-St-Zip		Title / Name / Street Address / City-St-Zip	DO NOT WRITE IN THIS SPACE
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Title / Name / Street Address / City-St-Zip		Title / Name / Street Address / City-St-Zip	200005493102--5
Title / Name / Street Address / City-St-Zip		Title / Name / Street Address / City-St-Zip	

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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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1600 SE 17th St.	same
Suite, Apt. #, etc.: 405	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33316 Country: USA	Zip Country

4. FEI Number: 65 1028013 ☐ Applied For ☐ Not Applicable

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7. Name and Address of Current Registered Agent

Name: Kurt E. Bosshardt, Esq.

Street Address (P.O. Box Number is Not Acceptable): Kurt Bosshardt & Associates
1600 SE 17th Street, Suite 405

City: Ft. Lauderdale FL Zip Code: 33316

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.

FEE IS $60.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Schuler, Tracy 204 Carrwood Rd. Great FAlls, VA 22066-3722	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Schuler, Barry 204 Carrwood Rd. Great Falls, VA 22066-3722
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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