2002 UNIFORM BUSINESS REPORT (UBR)

SICKLE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # M62671 1. Entity Name SCHEVER BAY COLONY, INC.					Secretary of State 04-29-2002 90079 004 ***150.00			
Principal Place of Business 7280 W PALMETTO PARK RD SUITE 201 BOCA RATON FL 33433 Malling Address 7280 W PALMETTO PARK RD SUITE 201 BOCA RATON FL 33433								
Principal Place of Business 3. Mailing Address			· ·				INDIE DIN IL BUNCH DIN IL	B1011 B1011 1601
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	ie	City & State			4. FEI Number 6	5-0021017	<u> </u>	oplied For
Zip Country		Zip	• Country		5. Certificate of State	tus Desired	\$8.75 Add Fee Require	ditional
	6. Name and Address of Current Re	egistered Agent		me=≤=====	7. Name and Addre	ess of New Register		
FRANKE, INGRID A 7280 W. PALMETTO PARK ROAD SUITE 201 BOCA RATON FL 33433				treet Address (P.O. Box Number is Not Acceptable)				
Tax filing	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	!! FEE IS \$ 02 Fee will !	e \$550.00	10. Election (DAY Dampaign Financing d Contribution.	\$5.0	May Be
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHAN	IGES TO OFFICERS A	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FRANKE, INGRID 7280 W PALMETTO PK RD. BOCA RATON FL	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	•			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROPKA, CHRISTOPHER 178 ST. GEORGE ST. TORONTO, CANADA	□ Delete	TITLE NAME STREET ADD CITY-ST-ZIF				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TIKAL, MANFRED A. 178 ST. GEORGE ST. TORONTO, CANADA	- ☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	l l			☐ Change	. Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF				☐ Change	☐ Addition
TITLE NAME Street Address City-St-Zip		□ Delete	TITLE NAME STREET ADD CITY-ST-ZIF				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF				☐ Change	Addition
indicated	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that m	ny signature s	nall have the san	ne legal effect as if r	made under oath; tha	at I am an officer	or director