

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90144 042 ***150.00

DOCUMENT # P00000011768

1. Entity Name
STRUCTURE, INC.



Principal Place of Business
707 N ALAFAYA TRAIL
ORLANDO FL 32828

Mailing Address
320 HANNIBAL SQUARE
WINTER PARK FL 32789

2. Principal Place of Business
2530 S Mabouire Rd

3. Mailing Address
2175 ALOMA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Winter park Florida

4. FEI Number 59-3625784

Applied For
☐ Not Applicable

Zip 32761 **Country** U.S.A.

Zip 32792 **Country** U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATZ, LAWRENCE H
341 N. MAITLAND AVE STE 120
MAITLAND FL 32751

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME VON SCHMELING, SERGIO
STREET ADDRESS 320 HANNIBAL SQUARE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE President ☒ Change ☐ Addition
NAME Sergio von Schmeling
STREET ADDRESS 2175 ALOMA AVE
CITY-ST-ZIP Winter park FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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 empowered 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 with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sergio von Schmeling 3-27-03

Date

Daytime Phone #

407 740-6747

CR2E034 (10/02)