Jan 24, 2001 8:00 am **Secretary of State** 01-24-2001 90038 002 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000044035 LLOYD SCHECHINGER CONSTRUCTION, INC. Principal Place of Business Mailing Address 1855 54TH STREET S.W. 1855 54TH STREET S.W. NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address 2912 10th Ave. SE 2912 10th Ave. SE Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1005192 **Vaples** Not Applicable Naples Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34117 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHECHINGER, LLOYD Street Address (P.O. Box Number is Not Acceptable) 1855 54TH STREET S.W. NAPLES FL 34116 2912 10世 Ave City Naples Zip Code ろないつ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition SCHECHINGER, LLOYD NAME NAME 1855 54TH STREET S.W. 2912 LOTE AVE SE Naples, FL 34117 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP TITLE ☐ Delete TITLE SCHECHINGER, VALERIE NAME NAME 2912 10th Ave SE 1855 54TH STREET S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 Naples FL. 34117 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 $H^{-\alpha}T_{-2} = \mathfrak{t}_{-1}$

☐ Addition

CR2E034 (10/00)