

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90012 038 ***150.00

DOCUMENT # P00000097346 ④			
1. Entity Name LARRY SHRADER, INC.			
Principal Place of Business 698A WALLIS ROAD BAY #20 WEST PALM BEACH FL 33413		Mailing Address 1800 WEST CHATHAM ROAD WEST PALM BEACH FL 33415	
2. Principal Place of Business 6980 Wallis Road Suite, Apt. #, etc. #2D City & State W. Palm Beach, FL Zip 33413 Country USA		3. Mailing Address 6980 Wallis Road Suite, Apt. #, etc. #2D City & State W. Palm Beach, FL Zip 33413 Country USA	
4. FEI Number 65-1050187		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent SHRADER, JAMES LARRY 1830 WEST CHATHAM ROAD WEST PALM BEACH FL 33415		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 <u>James L. Shrader</u> owner 5/5/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SHRADER, JAMES LARRY STREET ADDRESS 1930 WEST CHATHAM ROAD CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	TITLE PD NAME Shrader, James Larry STREET ADDRESS 4800 SE 441 Unit 3, Box 16 CITY-ST-ZIP Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE V. NAME Shrader, Larry Glenn STREET ADDRESS 1845 N. Chatham Road CITY-ST-ZIP W. Palm Beach, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>James L. Shrader</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/5/03 561-6616-8396 <small>Date Daytime Phone #</small>	

CR2E034 (10/02)