## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # PODOOO112892

## **FILED** May 29, 2003 8:00 am Secretary of State

1. Entity Name GroRGE SCHUL	12, PhP		05-29-2003 90139 003 ***150.00
DO NOT WRIT	A Company of the Comp	PACE	80122798
2. Principal Place of Business 5738 CANTON COVE  Suite, Apr. #, etc.  Suite, Apr. #, etc.  Suite, Apr. #, etc.			DO NOT WRITE IN THIS SPACE
WINTER Spring FL	City & State		4. FEL Number 368 7938 Applied For No: Applicable
32708 See U.S.	Zip "	Country	5. Certificate of Status Desired  \$8.75 Additional Fee Required
		77.00000	7. Name and Address of Current Registered Agent  EORGE SCHULV
DO NOT WRITE		500 (2. 2) (5.5)	P.O. Box Number is Not Acceptable) CONR
IN THIS S	PACE		ITE 110
		A CONTRACTOR OF THE PARTY OF TH	TRR Sp FL 2092708
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE AC	L		5/1/03
Screens, typed or provide narrog of registered age  January 1 - May 1/Fee/s \$150.00	ent and title applicable (HOTE	निस्तुंडरिक्यनं Аट्राक्तः अधुनक्षाणक मस्तूपनयत	
After May 1; Fee is \$550.00 Amended UBR is \$61.25			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
	D DIRECTORS		
TITLE PRESIDENT	·	FILE 18	12.02
STREET MADRESS CITY ST-ZIP  GLORGE SCH SCHY-ST-ZIP  GLORGE SCH SCHY-ST-ZIP  GLORGE SCH	COUR SUITLIO	STREET AUDRESS : CITY+ST-ZIP	CRZE034B (12/02
THE WESTER 3	p. 4032708	The state of the state of	RZEO.
NAME STREET ADDRESS		MAME STREET ACORICS	C .
C-TY-ST-ZIP		CITY-ST-ZIV	
NAME		MANE	
STELET ANORESS OITY-ST-ZIP	مين الدارية المعرفية المعرفة المدارية المعتقدية ا	STPEEL AUDPLES	DO NOT WRITE
TOLE NAME	•	TREE 2	IN THIS SPACE
STREAT ADDRESS CITY-ST-ZIP		STREET ADDRESS (6)	And the Annual Committee of the Committe
mr		miles and a second	
NAME STREET ADDRESS		NAME STREET ASOKESS	
C:TY-ST-ZiP		city at 2P	
TITLE HAME		TITUS NAME	
STPEEF ADORESS OHY-ST-ZIP		STPEET ADDREES	
I hereby certify that the information supplied windicated on this report or suppliemental report.	rith this filing does not qualify for tis true and accurate and that m	the exemption stated in Se y signature shall have the s	action 19.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director
indicated on this report or supplemental report is true and accurate and that my's gnature 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 66 OR CA Schola 5/1/03 40) 69/3661			