FILED

Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90097 013 ***158.75

2003	FOR	PROFIT	CORPORAT	ION
UNIFO	RM B	USINES	S REPORT	(UBR

P01000045826 DOCUMENT # 1. Entity Name

SCHWAB LUXURY HOMES, INC.

Principal Place of Business

301 S. MILLVIEW WAY PONTE VEDRA BEACH FL 32082 Mailing Address

301 S. MILLVIEW WAY

PONTE VEDRA BEACH FL 32082

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2. Principal P	lace of Business RRIDOR ROAD South	3. Mailing Address .	n Road Sua	TH	: 10011011 115 (0 101 1101) 0015 60111	ANISC ANISC ALDRI ANIDO CALLA			
Suite Apt.	#, etc.	Suite, Apt. #, etc.	.00		☐ CHECK HERE IF	MAKING CHANGES			
PONTE	VEDRA BEACH, FL	PONTE VEDRA	BEACH,	FZ	4. FEI Number 59-3720240		oplied For ot Applicable		
320	082 U.S.A.	32082	U-S.A.		5. Certificate of Status Desired	\$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
Name									
SCHWAB,	PETER W		Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
301 S. MII	LLVIEW WAY		100		RRIDOR ROLD	SOUTH			
PONTE VE	EDRA BEACH FL 32082				#700				
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	•		P_{o}	TE	VEDRA BEACH	FL Zip Cod	082		
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									
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of S	State			9. Election Campaign Final Trust Fund Contribution.	~ _ ++	00 May Be		
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11		
TITĻE	D .	Delete			P, 5, T	Change	☐ Addition		
NAME	SCHWAB, PETER W		NAME 5	HW	IAB PETER W.	, ,	200		
STREET ADDRESS	301 S. MILLVIEW WAY		STREET ADDRESS /	00	IAB PETER W.	SOUTH, SU	117E 200		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP	Por	NTE VEDRA BEI	9CH, IZ 3	2082		
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CITY-ST-ZIP			CITY-ST-ZIP						
									

12. Thereby certify that the information supplied with this filling 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 of 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 likes inpowered.

SIGNATURE: 🔑