

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90088 016 ***150.00

DOCUMENT # PO1000069493	
1. Entity Name	
OPENDOOR 1, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O BLOCK & COLUCCI, P.A.		3. Mailing Address PERRY SCHNEIDER	
Suite, Apt. #, etc. 1001 N US HWY ONE STE 400		Suite, Apt. #, etc. 8459 SUGAR MAPLE DR APT 101	
City & State JUPITER FL 33477		City & State MASON, OHIO	
Zip 33477	Country USA	Zip 45040	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1789319		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BLOCK & COLUCCI, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1001 N. US HWY. ONE, STE 400	
City JUPITER	Zip Code 33477

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PERRY SCHNEIDER 8459 SUGAR MAPLE DR APT 101 MASON, OH 45040			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DEBRA SCHNEIDER 8459 MAPLE SUGAR DR APT 101 MASON, OH 45040			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	PERRY SCHNEIDER	4/20/2004	614-348-5162
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>