FILED
Jun 18, 2003 8:00 am
Secretary of State
05-02-2003 90742 016 ***150.00

5/2.

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072808

1. Entity Name
SCHUMANN LAW GROUP, P.A.

Principal Place of Business	Mailing Address
13141 MCGREGOR BLVD., STE. 9 FORT MYERS, FL 33919	13141 MCGREGOR BLVD., STE. 9 FORT MYERS, FL 33919

[redacted]

55048970

[redacted]

2. Principal Place of Business	3. Mailing Address
27200 Riverview Center Blvd.	27200 Riverview Center Blvd.
Suite, Apt. #, etc.: Suite 103	Suite, Apt. #, etc.: Suite 103
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34134 Country: USA	Zip: 34134 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 06-0639968 — [X] Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUMANN, RAYMOND L ESQ
13141 MCGREGOR BLVD., STE. 9
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 27200 Riverview Center Boulevard
Suite 103
City Bonita Springs FL Zip Code 34134

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 ______________________________ DATE
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SCHUMANN, RAYMOND L	NAME	
STREET ADDRESS	13141 MCGREGOR BLVD., STE. 9	STREET ADDRESS	27200 Riverview Center Boulevard Ste 103
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] President 4/29/03 239-949-4529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #