

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90185 024 \*\*\*158.75

0122267 AV

**DOCUMENT # P02000050332**

1. Entity Name  
**SCHADING INTERNATIONAL, INC.**



Principal Place of Business  
**3607 CARRIAGE GATE DR.  
MELBOURNE FL 32904**

Mailing Address  
**3607 CARRIAGE GATE DR.  
MELBOURNE FL 32904**

2. Principal Place of Business  
**817 E. STRAWBRIDGE AV.**

3. Mailing Address  
**817 E. STRAWBRIDGE AV.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MELBOURNE FL**

City & State  
**MELBOURNE FL**

4. FEI Number  
**04-3664150**

Applied For  
Not Applicable

Zip Country  
**32901 USA**

Zip Country  
**32901 USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHADING, RICHARD L  
3607 CARRIAGE GATE DR.  
MELBOURNE FL 32904**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**RICHARD L. SCHADING**

**APR 7, 2003**

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE **PSD** ☐ Delete  
NAME **SCHADING, RICHARD L**  
STREET ADDRESS **3607 CARRIAGE GATE DR.**  
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **VTD** ☒ Delete  
NAME **BOSWELL, IRVING W III**  
STREET ADDRESS **529 SOUTHERN HILLS CT.**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **VTD** ☐ Change ☒ Addition  
NAME **SCHADING, BARBARA A.**  
STREET ADDRESS **3607 CARRIAGE GATE DRIVE**  
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]* **RICHARD L. SCHADING**

**APR 7, 2003 (821) 951-7560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)