

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011317

1. Entity Name

TOWERING TIMBERS, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90402 028 ***150.00

Principal Place of Business

Mailing Address

~~37837 MERIDIAN AVE.~~

~~37837 MERIDIAN AVE.~~

~~SUITE 314~~

~~SUITE 314~~

DADE CITY FL 33525

DADE CITY FL 33525

2. Principal Place of Business

13815 U.S. 98 Bypass

3. Mailing Address

13815 U.S. 98 Bypass

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL 33525

4. FEI Number

59-3316855

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33525

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRADER, JEROME G

~~37837 MERIDIAN AVE.~~

~~SUITE 314~~

DADE CITY FL 33525

Name

Same

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

13815 U.S. 98 Bypass

City

Dade City

FL

Zip Code
33525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRADER, THOMAS A	
STREET ADDRESS	P.O. BOX 77 (N/A)	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARONS, MARGARET MARY	
STREET ADDRESS	1 NORTHGATE CIRCLE	
CITY-ST-ZIP	LEXINGTON MA 02175	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRADER, THEODORE J	
STREET ADDRESS	P.O. BOX 454 (N/A)	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRADER, TERENCE E	
STREET ADDRESS	P.O. BOX 205 (N/A)	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRADER, JEROME G	
STREET ADDRESS	P.O. BOX 2337 (N/A)	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAROE, KAY	
STREET ADDRESS	47 JUDSON AVE. P.O. BOX 623	
CITY-ST-ZIP	WOODBURY CT 06798	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13815 U.S. 98 Bypass
CITY-ST-ZIP	Dade City, FL 33525
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A SCHRADER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01
Date

352 588-2501
Daytime Phone #

CR2E034 (10/00)