

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90679 045 \*\*\*150.00

**DOCUMENT # P94000011317**

1. Entity Name

**TOWERING TIMBERS, INC.**

Principal Place of Business

**13815 US 98 BYPASS  
SUITE 314  
DADE CITY FL 33525**

Mailing Address

**13815 US 98 BYPASS  
SUITE 314  
DADE CITY FL 33525**

2. Principal Place of Business

**12740 Curley Street**

3. Mailing Address

**P. O. Box 1276**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**San Antonio, FL**

City & State

**Dade City, FL**

4. FEI Number

**59-3316855**

Applied For

Not Applicable

Zip

**33576**

Country

**USA**

Zip

**33526-1276**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHRADER, JEROME G  
13815 US 98 BYPASS  
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**12740 Curley Street**

City  
**San Antonio**

FL Zip Code  
**33576**

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, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	<b>SCHRADER, THOMAS A</b>
STREET ADDRESS	<b>P.O. BOX 77 (N/A)</b>
CITY-ST-ZIP	<b>SAN ANTONIO FL 33576</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>BARONS, MARGARET MARY</b>
STREET ADDRESS	<b>1 NORTHGATE CIRCLE</b>
CITY-ST-ZIP	<b>LEXINGTON MA 02175</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>SCHRADER, THEODORE J</b>
STREET ADDRESS	<b>P.O. BOX 454 (N/A)</b>
CITY-ST-ZIP	<b>SAN ANTONIO FL 33576</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>SCHRADER, TERENCE E</b>
STREET ADDRESS	<b>P.O. BOX 205 (N/A)</b>
CITY-ST-ZIP	<b>SAN ANTONIO FL 33576</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>SCHRADER, JEROME G</b>
STREET ADDRESS	<b>13815 US 98 BYPASS</b>
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>CAROE, KAY</b>
STREET ADDRESS	<b>47 JUDSON AVE. P.O. BOX 623</b>
CITY-ST-ZIP	<b>WOODBURY CT 06798</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>33923 DUNNE RD</b>
CITY-ST-ZIP	<b>SAN ANTONIO FL 33576</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>4 BOWSER RD</b>
CITY-ST-ZIP	<b>LEXINGTON MA 02420</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>12349 CURLEY ST</b>
CITY-ST-ZIP	<b>SAN ANTONIO FL 33576</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>31414 PASCO RD</b>
CITY-ST-ZIP	<b>SAN ANTONIO FL 33576</b>
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHRADER, JEROME G.</b>
STREET ADDRESS	<b>P. O. Box 1276 15552 US 301</b>
CITY-ST-ZIP	<b>Dade City, FL 33526-1276 33523</b>
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. **THOMAS A SCHRADER**

**SIGNATURE:**

*Thomas A Schrader*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-03-02

352 588-2515

Date

Daytime Phone #

0411439 AV

CR2E034 (9/01)