

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90104 017 ***150.00

DOCUMENT # P94000011317

1. Entity Name
TOWERING TIMBERS, INC.



Principal Place of Business
**12740 CURLEY STREET
SAN ANTONIO FL 33576**

Mailing Address
**PO BOX 1276
DADE CITY FL 33526-1276**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3316855**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHRADER, JEROME G
12740 CURLEY STREET
SAN ANTONIO FL 33376**

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE, NAME
D ☐ Delete
SCHRADER, THOMAS A
STREET ADDRESS
33923 DUNNE ROAD
CITY-ST-ZIP
SAN ANTONIO FL 33576

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

TITLE, NAME
D ☐ Delete
BARONS, MARGARET MARY
STREET ADDRESS
4 BOWSER ROAD
CITY-ST-ZIP
LEXINGTON MA 02420

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

TITLE, NAME
D ☐ Delete
SCHRADER, THEODORE J
STREET ADDRESS
12349 CURLEY STREET
CITY-ST-ZIP
SAN ANTONIO FL 33576

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

TITLE, NAME
D ☐ Delete
SCHRADER, TERRENCE E
STREET ADDRESS
31414 PASCO ROAD
CITY-ST-ZIP
SAN ANTONIO FL 33576

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

TITLE, NAME
D ☐ Delete
SCHRADER, JEROME G
STREET ADDRESS
PO BOX 1276 15552 US 301
CITY-ST-ZIP
DADE CITY FL 33523

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

TITLE, NAME
D ☐ Delete
CAROE, KAY
STREET ADDRESS
47 JUDSON AVE. P.O. BOX 623
CITY-ST-ZIP
WOODBURY CT 06798

TITLE, NAME
☐ Change ☐ Addition
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 REQUIRED **SCHRADER**

Date

Daytime Phone #

1-16-03

CR2E034 (10/02)