2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING

DOCUMENT # **P94000032731** May 01, 2000 8:00 am Secretary of State 1. Entity Name THE SCHAMAY GROUP, INC. 05-01-2000 90310 045 ***150.00 Principal Place of Business Mailing Address 3280 SOUTH ATLANTIC 816 S ATLANTIC AVE SUITE C **DAYTONA BCH FL 32118-4761** DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3239460 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RULAMO, JENNIFER 4238 CALOINAL BLVD WILBUR BY THE SEA FL 32127 City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition Delete ☐ Change NAME SCHAMAY, ROBERT NAME STREET ADDRESS 4016 S. PENINSULA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILBUR BY THE SEA FL 32127 PRESIDENT TITLE ☐ Delete TITLE ☐ Addition OTT SCHAMAL BLUD. SCHAMAY, SCOTT NAME NAME STREET ADDRESS 4238 CARDINAL BLVD STREET ADDRESS CITY-ST-7IP ILBUR-BY THE SGA, FL-32127 WILBUR BY THE SEA FL 32127 CITY-ST-ZIP JEHNIFER RULAND SECTREGARDE TITLE Delete TITLE SCHAMAY, DIANE NAME NAME STREET ADDRESS 4016 S. PENSULA DR. STREET ADDRESS WILBUR BYTHE SEA AL. 30107 CITY-ST-ZIP WILBUR BY THE SEA FL 32127 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 impowered.