## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P94000055211

1. Entity Name

SPRINGER CORPORATION



**FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90108 003 \*\*\*150.00

5604 WIND DI BOCA RATON		5604 WIND DRIFT LANE BOCA RATON FL 33433										
2. Principal P	Place of Business	3. Mailing Address								<b>i sibi i</b> ii		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State				4,	4. FEI Number 39-0779506			<u> </u>	oplied For	
Zip	Country Zip			Country		5. Certificate of Status Desired [			ired [	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						-7.	. Name and	Address of N	lew Regist	ered Ag	ent -	-
*					Name							
SCHENDE	L, WILLIAM				Ctront Address (D.O. Day Number in Not Agentable)							
5604 WIN	D DRIFT LANE	_			Street Address (P.O. Box Number is Not Acceptable)							
BOCA RA	TON FL 33433											
					City	City FL Zip Code						e
	named entity submits this statement folions of registered agent.	, ,				registered a		th, in the State		I am far	L niliar with,	and accept
. ),			· [			<u> </u>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								ection Campai ust Fund Contr	_	g 🗆		May Be I to Fees
10.	OFFICERS AND	DIRECTO	RS	11.		P	ADDITIONS/	CHANGES TO	OFFICERS	AND D	IRECTOR	S IN 11
TITLE	PTD		☐ Delete	TITLE						[	Change	Addition
NAME	SCHENDEL, WILLIAM			NAM	E							ì
STREET ADDRESS	5604 WIND DRIFT LANE			ŞTRE	ET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL			CITY	-ST-ZIP							
TITLE	VD		☐ Delete	TITLE						[	] Change	☐ Addition
NAME	BOLT, ROBERT J			NAM								
STREET ADDRESS	41 BLUE JAY WAY				ET ADDRESS							
CITY-ST-ZIP	COLUMBIA FALLS MT 59912			CITY	-ST-ZIP				<u>-</u>			
TITLE	SD		Delete -	TITLE		SD			•. • :=	Ę	Change	Addition
NAME STREET ADDRESS	BOLT, AUDREY 60 YACHT CLUB DR #301			NAMI	E et address		AUDREY					
CITY-ST-ZIP	NORTH PALM BEACH FL				-ST-ZIP	11381	Prospe	erity F	arms R	oad		
TITLE	NOMITT ALM BEACTTE		□ p	1-		Polm I	Beach (	<del>lardons,</del>	_FL_33	410 <sub>-</sub>	T Channa	[T] Addition
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NAME			□ Delete	NAME						L	Change	☐ Addition
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NAME			- Delete	NAME			; ~				_ onange	L.J Addition
STREET ADDRESS		,			- Et address	•	egree					
CITY-ST-ZIP	•		-		·ST-ZIP	·	* ,					
			·	4								

12. I hereby certify that the information supplied with this filling 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:

<u>561-392-0526</u>