

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90105 037 ***150.00

DOCUMENT # P96000094457

1. Entity Name
SCHROEDER INVESTMENT CORPORATION



Principal Place of Business
3111 BAYOU SOUND
LONGBOAT KEY FL 34228
US

Mailing Address
3111 BAYOU SOUND
LONGBOAT KEY FL 34228
US

2. Principal Place of Business

1301 N. Tamiami Tr
Suite, Apt. #, etc.
1005

3. Mailing Address

1301 N. Tamiami Tr
Suite, Apt. #, etc.
1005

City & State

Sarasota, FL

City & State

Sarasota FL

4. FEI Number

65-0713977

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHROEDER, JACK W.
3111 BAYOU SOUND
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name

JACK W. SCHROEDER

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

1301 N. Tamiami Tr

#1005

City

Sarasota

FL

Zip Code

34236

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]

(NOTE: Registered Agent signature required when reinstating)

4/1/03

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

TITLE	D <input type="checkbox"/> Delete
NAME	SCHROEDER, JACK W
STREET ADDRESS	3111 BAYOU SOUND
CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE	D <input type="checkbox"/> Delete
NAME	SCHROEDER, VIRGINIA M
STREET ADDRESS	3111 BAYOU SOUND
CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 N. Tamiami Tr #1005
STREET ADDRESS	Sarasota, FL 34236
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 N. Tamiami Trail #1005
STREET ADDRESS	Sarasota, FL 34236
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

9413730420

Date

Daytime Phone #

CR2E034 (10/02)