FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90175 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028419

1. Entity Name
SCHWENK CORPORATION

Principal Place of Business	Mailing Address
1740 NE 2ND AVENUE FORT LAUDERDALE, FL 33305	1740 NE 2ND AVENUE FORT LAUDERDALE, FL 33305

2. Principal Place of Business	3. Mailing Address
1420 N. Andrews	1420 N. Andrews
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33311 Country: Broward	Zip: 33311 Country: Broward

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0824843 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OGLE, BRYAN S
1740 NE 2ND AVENUE
FORT LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent

Name: Ogle, Bryan S.
Street Address (P.O. Box Number is Not Acceptable): 450 NW 51st CT.
City: Ft. Lauderdale FL Zip Code: 33309

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: Bryan S Ogle 05-01-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 / STREET ADDRESS / CITY-ST-ZIP	CTD SCHWENK, TRACY R 1740 NE 2ND AVENUE FORT LAUDERDALE, FL 33306	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTD Schwenk, Tracy R 1420 N. Andrews Ft. Lauderdale, FL 33311	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD OGLE, BRYAN S 1740 NE 2ND AVENUE FORT LAUDERDALE, FL 33306	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Ogle, Bryan S 450 NW 51st. CT. Fort. Lauderdale, FL 33309	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERGI, DIANA 20304 99TH AVE SE SNOHOMISH, WA 98296	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, WILLIAM E 116 GRAND PAVILION - ISLE OF PALMS, SC 29451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Bryan S Ogle 05-01-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #