

DOCUMENT # P99000034667
1. Entity Name
SCHROEDMCC INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90063 044 ***150.00

Principal Place of Business
2089 S TAMiami TRAIL
VENICE FL 34293

Mailing Address
2089 S TAMiami TRAIL
VENICE FL 34293



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2089 S TAMiami TRAIL
Suite, Apt. #, etc.

3. Mailing Address
2089 S TAMiami TRAIL
Suite, Apt. #, etc.

City & State
VENICE, FLORIDA
Zip
34293
Country
SAKASOTA

City & State
VENICE, FLORIDA
Zip
34293
Country
SAKASOTA

4. FEI Number 65-0911973
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name DAVID SCHROEDERS
Street Address (P.O. Box Number is Not Acceptable) 2089 SOUTH TAMiami TRAIL
City VENICE, FL Zip Code 34293

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 [Signature]
Signature, typed & printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHROEDERS, DAVID		NAME		
STREET ADDRESS	2089 S TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCARTHY, BRENNAN		NAME		
STREET ADDRESS	2089 S TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/8/01 Daytime Phone # 941-497-5551

CR2E034 (10/00)