2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000045566

1. Entity Name

STAFFORD-SCHUH SITE DEVELOPMENT SERVICES. INC.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91843 041 ***150.00

STAFFONI	5-501011 OHE DEVELOR	<u> </u>		7	
Principal Place of Business 435 DOUGLAS AVENUE STE 1505-F ALTAMONTE SPRINGS FL 32714 US		Mailing Address 435 DOUGLAS AVENUE STE 1505-F ALTAMONTE SPRINGS FL 32714 US			
80 Sp	cing Vista Drive	3. Mailing Address			
Stre 200		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State	ry, FL	De Bary F		4. FEI Number 59-3578716	Applied For Not Applicable
	Country	32713	Country US	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered A	igent
COUNTE I	HADIN C	^-	* =	g or management of the contract	
SCHUH, N	BLAS AVENUE			s (P.O. Box Number is Not Acceptable)	
STE 1505-				00	
	TE SPRINGS FL 32714		City	FL	Zip Code
		ar the purpose of changing its rec	Uc 15-	ttered agent, or both, in the State of Florida. I am t	amiliar with, and accept
	named entity submits this statement to ions of registered agent.		C. Schyh	2/10/1	,
SIGNATURE .	Signature, typed or printed name of registered agent		egistered Agent signature requ	ired when reinstating) DATE)
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	of State		9. Election Campaign Financing Trust Fund Contribution. C	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE	Р	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SCHUH, MARK C 197 RIVER VILLAGE DRIVE DEBARY FL 32713		NAME Street address City-St-Zip		
TITLE NAME STREET ADDRESS	VS STAFFORD, SHERYL 197 RIVER VILLAGE DRIVE	∑ □ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	DEBARY FL 32713		CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	<u>.</u> '	Change Addition
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		!	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	to the second	☐ Delete	TITLE NAME STREET ADDRESS	AND THE RESERVE	☐ Change ☐ Addition
CITY-ST-ZIP	U. die de la faction de la constitución de la const	th this filing does not qualify for the	CITY-ST-ZIP	Section 119 07(3)(i). Florida Statutes. I further ce	ertify that the information
12. hereby	certify that the information supplied wi	in this filing does not quality for the	eignatura chall have t	n Section 119.07(3)(i), Florida Statutes. I further ce the same legal effect as if made under oath; that I	am an officer or director

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.

Daytime Phone #