2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

F9900001158 **DOCUMENT #**

1. Entity Name SCHMER, INC.



FILED Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90154 049 ***150.00

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BO SW 8TH ST., STE. 300 MIAMI FL 33130 Sheet Address (P.C. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flords. I am familiar with, and accept the collegations of registered agent. SIGNATURE SUMMAN INTERIOR (NOTE Regissered Agent symblus resulted with ministry) ONTE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SCHMER, DIANA M STRET ADDRESS COTY-S1-2P CORONA CA 91719 Change Addition NAME STRET ADDRESS 792 VAD DEL SOL NVI. STRET ADDRESS COTY-S1-2P CORONA CA 91719 Delete TITLE NAME STRET ADDRESS COTY-S1-2P Change Addition NAME STRET ADDRESS CO							Name				Tr 2 T	-	
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B. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SCHMER, DIANA M 19013 CONSUL AVE. CORONA CA 91719 TITLE WANE STREET AUDRESS COTY-51-72P TITLE MARE MARESH-JONES, BARBARA 732 VA, DEL SOL NW NORTH FT. MYERS FL 33903 TITLE MARE Obelde TITLE MAME STREET AUDRESS COTY-51-72P TITLE MAME S			300										
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	12. Thereby o	ertify that the	information supplied with	this filina	does not qualify for			Section	119.07(3)(i). Florida Statutes I fu	irther certify	that the in	nformation	

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 of 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 effects the 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 effects the empowered to execute this report of supplemental reports.

SIGNATURE: