## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## 151246 **DOCUMENT #**



## **FILED** Mar 17, 2003 8:00 am Secretary of State

SCHMIDT ENTERPRISES OF THE SOUTHEAST, INC.				03-17-2003 9	1094 038 ***150.00
4114 HERSCH JACKSONVILI	LE FL 32210	Mailing Address PO BOX 92 ORTEGA STATION JACKSONVILLE FL 32210	-0092		
2. Principal F	Place of Business 46 3RD 57 S	3. Mailing Address 3	RO 57-5	E ISBUREI STUBEL BYTON STUBER HIDTE ÜGENA	/E BAN BABA CIBN BABA SIBN BIBN BIBN 1981
Suite, Apt.		Suite, Apt. #, etc.		CHECK HERE II	F MAKING CHANGES
City & Stat		City & State  Jack Bonville	Beh FL	4. FEI Number 59-0572999	Applied For Not Applicable
3223	Country U.S.A.	32250	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7Name and Address of New Re	egistered Agent
SCHMIDT	, Gert H W		Name Street Address		nilt
4232 ORTEGA FOREST DR			Sileel Addles	5 Sen Tuen	Drive
JACKSONVILLE FL 32210				<del></del>	
			City Pon	Hr Vedra BCH	FL Zip Code
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.					
		r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Flor	ida. I am familiar with, and accept
		himidt	Johney	stered agent, or both, in the State of Flor	ida. I am familiar with, and accept
the obligat SIGNATURE .  F After		4 m Sct - (NOT)	registered office or regis	stered agent, or both, in the State of Flor	3-/2-05  DATE  ancing _ \$5.00 May Be
the obligat SIGNATURE .  F After	tions of registered agent.  John C. Sc. Signature, typed of printed name of registered agent a  TILE NOW!!! FEE IS \$150.00  T May 1, 2003 Fee will be \$550.00	And title if applicable. (NOTI	Johney	uired when reinstating)  9. Election Campaign Fina Trust Fund Contribution.	DATE  DATE  Ancing \$5.00 May Be Added to Fees
SIGNATURE .  F After Make Check	Signature, typed of printed name of registered agent at TLE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 or Payable to Florida Department of	And title if applicable. (NOTI	Ala C E: Registered Agent signature requ	stered agent, or both, in the State of Flor  uired when reinstating)  9. Election Campaign Fina Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICE	DATE  ancing \$5.00 May Be Added to Fees  CERS AND DIRECTORS IN 11
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Jacksonville, FL 32207 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 given like appowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SCHMIDT, JOHN C

SCHMIDT, KENT H

3050 WATSON DRIVE S

JACKSONVILLE, FL 00000

203-34TH AVE SOUTH

JACKSONVILLE, FL 00000

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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