2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91094 038 ***150.00

DOCUMENT # 151246

1. Entity Name
SCHMIDT ENTERPRISES OF THE SOUTHEAST, INC.

Principal Place of Business	Mailing Address
4114 HERSCHEL ST #113 JACKSONVILLE FL 32210	PO BOX 92 ORTEGA STATION JACKSONVILLE FL 32210-0092

2. Principal Place of Business	3. Mailing Address
4146 3RD ST S	4146 3RD ST S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Bch, FL	City & State: Jacksonville Bch, FL
Zip: 32250 Country: USA	Zip: 32250 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0572999 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIDT, GERT H W
4232 ORTEGA FOREST DR
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name: John C. Schmidt
Street Address (P.O. Box Number is Not Acceptable): 55 San Juan Drive
City: Ponte Vedra Bch FL Zip Code: 32082

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: John C. Schmidt John C Schmidt 3-12-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	S HODGES, MARY J 4603 BIRKENHEAD RD JACKSONVILLE, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Christine H. Schmidt 4232 Ortega Forest Dr Jacksonville, FL 32210 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHMIDT, GERT H W 4232 ORTEGA FOREST DR JACKSONVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. Jacksonville, FL 32210 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHMIDT, ROBERT T 4232 ORTEGA FOREST DR JACKSONVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jacksonville, FL 32210 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHMIDT, WILLIAM G 4814 ALGONQUIN AVE JACKSONVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jacksonville, FL 32210 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHMIDT, JOHN C 203-34TH AVE SOUTH JACKSONVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	55 San Juan Dr Ponte Vedra Bch, FL 32082 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHMIDT, KENT H 3050 WATSON DRIVE S JACKSONVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1003 Greenridge Rd Jacksonville, FL 32207 ☒ 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: John C. Schmidt SIGNATURE JOHN C. SCHMIDT (Secretary) 3-12-03 904/241-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #