

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90032 048 \*\*\*250.00

**DOCUMENT # 224737**

1. Entity Name

**CARL SCHMIDT ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

3570 HIELD RD  
 MELBOURNE FL 32904  
 US

3570 HIELD ROAD  
 MELBOURNE FL 32904-9548

2. Principal Place of Business

3. Mailing Address

*5679 Cypress Creek Rd*  
 Suite, Apt. #, etc.

*P.O. Box 469*  
 Suite, Apt. #, etc.

City & State

City & State

*Grant, FL*

*Grant, FL*

4. FEI Number

**59-2562420**

Applied For

Not Applicable

Zip

Country

Zip

Country

*32949*

*USA*

*32949*

*USA*

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHMIDT, CARL F., JR.**  
**3570 HIELD ROAD**  
**MELBOURNE FL 32904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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.

SIGNATURE

Signature, typed or 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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	SCHMIDT, CARL F. JR.		
	3570 HIELD ROAD		
	MELBOURNE FL		
VD	SCHMIDT, CARL F., SR.		
	5100 OLD DIXIE HWY		
	GRANT FL		
ST	SCHMIDT, MARJORIE M.		
	5100 OLD DIXIE HWY		
	GRANT FL		

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 Daytime Phone #

CR2E034 (9/99)