

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 306761

1. Entity Name

WILSON & SCHMIDT, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90044 049 ***150.00

0060472

Principal Place of Business

255 S ORANGE AVE
960
ORLANDO FL 32801
US

Mailing Address

255 S ORANGE AVE
960
ORLANDO FL 32801
US

2. Principal Place of Business

255 S. Orange Ave.

3. Mailing Address

P.O. Box 1793

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 750

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

Zip

32802

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1157809

Applied For

Not Applicable

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, MICHAEL H.
255 S ORANGE AVE
750
ORLANDO FL 32801

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

3/27/01

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, 2001 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

TITLE P
NAME WILSON, JOHN A.
STREET ADDRESS 255 S ORANGE AVE, STE 750
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME SCHMIDT, MICHAEL H.
STREET ADDRESS 255 S ORANGE AVE STE 750
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

407-540-1400

Daytime Phone #

CR2E034 (10/00)