

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90151 029 ***150.00

UBR/0 AV

DOCUMENT # 556620

1. Entity Name
SCHMITT BUILDERS, INC.

Principal Place of Business Mailing Address
686 NORTH HUNT CLUB BLVD **PO BOX 906**
SUITE 180 **APOPKA FL 32704-0906**
ORLANDO FL 32810 **US**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

148 Lombard Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Clermont, FL

Zip Country Zip Country
34711 **Lake**

4. FEI Number Applied For
59-1800388 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

EUGENE J. SCHMITT
5695-B BEGGS RD
ORLANDO FL 32810

Name
 Street Address (P.O. Box Number is Not Acceptable)
148 Lombard Circle
 City State Zip Code
Clermont **FL** **34711**

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 _____ DATE **4/23/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PDV SCHMITT, EUGENE J. 1150 SWEET HEATHER LANE APOPKA FL 32704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 148 Lombard Circle Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHMITT, EUGENE J. 1150 SWEET HEATHER LANE APOPKA FL 32704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 148 Lombard Circle Clermont, FL 34711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: _____ DATE **4/23/02** 352-242-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE FOR DIRECTOR Daytime Phone #

CR2E034 (9/01)