

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567051

1. Entity Name

CHARLES E. SCHMIDT, M.D., P.A.

Principal Place of Business

Mailing Address

1122 BAYVIEW DR.
FT. LAUDERDALE, FL 33304-2505

1122 BAYVIEW DR.
FT. LAUDERDALE, FL 33304-2505

2. Principal Place of Business

1120 BAYVIEW DR.

Suite, Apt. #, etc.

3. Mailing Address

1120 BAYVIEW DR.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip
33304

Country

BROWARD

Zip

33304

Country

BROWARD

4. FEI Number

59-1829616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, CHARLES E.
1122 BAYVIEW DRIVE
FT. LAUDERDALE FL

1120 BAYVIEW DR.

7. Name and Address of New Registered Agent

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, 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

TITLE PD
NAME SCHMIDT, CHARLES E.
STREET ADDRESS 1122 BAYVIEW DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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:

Charles E. Schmidt, M.D. CHARLES E. SCHMIDT, M.D.

Date

1/8/01

Daytime Phone #

954-566-1562

0244266

CR2E034 (10/00)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90069 002 ***150.00



DO NOT WRITE IN THIS SPACE