# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 31, 2003 8:00 am**
**Secretary of State**
03-31-2003 90218 038 ***150.00

DOCUMENT # 631205

1. Entity Name
Paul J. Schmitt, Jeweler Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Paul J. Schmitt, Jeweler | 765 5th Ave. S. |
| Suite, Apt. #, etc.: 765 5th Ave. S. | Suite, Apt. #, etc. |
| City & State: Naples FL | City & State: NAPLES FL |
| Zip: 34102 Country: USA | Zip: 34102 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1939568 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Michelle Schmitt
Street Address (P.O. Box Number is Not Acceptable): 2281 Pinewoods Circle
City: Naples FL Zip Code: 34105

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: Michelle Schmitt (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/25/03

**January 1 - May 1 Fee is $150.00**
**After May 1 Fee is $550.00**
**Amended UBR is $61.25**
**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

| | |
|---|---|
| TITLE | President |
| NAME | Diane Schmitt |
| STREET ADDRESS | 694 Regatta Ct. |
| CITY-ST-ZIP | Naples, FL 34103 |
| TITLE | Vice President |
| NAME | Adam Schmitt |
| STREET ADDRESS | 2281 Pinewoods Circle |
| CITY-ST-ZIP | Naples FL 34105 |
| TITLE | Secretary, Treasurer |
| NAME | Michelle Schmitt |
| STREET ADDRESS | 2281 Pinewoods Cir |
| CITY-ST-ZIP | Naples, FL 34105 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Michelle Schmitt 3/27/03 239-262-4251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #