

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G12837**

1. Entity Name

**SCHMIDT BROTHERS EXECUTIVE HOMES, INC.****FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90014 001 \*\*\*300.00

Principal Place of Business Mailing Address  
% DARLENE J. SCHMIDT % DARLENE J. SCHMIDT  
1009 SYMPHONY ISLES BLVD. 1009 SYMPHONY ISLES BLVD.  
APOLLO BEACH FL 33572 APOLLO BEACH FL 33572-2713

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number **59-2251614** Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8382



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, DARLENE J.  
1009 SYMPHONY ISLES BLVD.  
APOLLO BEACH FL 33572

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	SCHMIDT, ANDREW H	1009 SYMPHONY ISLES BLVD	APOLLO BEACH FL				
DS	SCHMIDT, LORETTA J	4711 STONE HOLLOW CT	VALRICO FL				
DT	SCHMIDT, RANDALL D	4711 STONE HOLLOW CT	VALRICO FL				
DT	SCHMIDT, DARLENE J	1009 SYMPHONY ISLES BLVD	APOLLO BEACH 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/2000 813-689-0048