

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90252 049 \*\*\*150.00

**DOCUMENT # G12837**

1. Entity Name

**SCHMIDT BROTHERS EXECUTIVE HOMES, INC.**

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1009 Symphony Isles Blvd.  
Suite, Apt. #, etc.  
Apollo Beach, FL  
City & State

3. Mailing Address

1009 Symphony Isles Blvd.  
Suite, Apt. #, etc.  
Apollo Beach, FL  
City & State

4. FEI Number

59-2251614

Applied For

Not Applicable

Zip  
33572

Country

Hillsborough

Zip  
33572

Country

Hillsborough

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

6. Name and Address of Current Registered Agent

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

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SCHMIDT, ANDREW H	1009 SYMPHONY ISLES BLVD	APOLLO BEACH FL	<input type="checkbox"/>
DS	SCHMIDT, LORETTA J	4711 STONE HOLLOW CT	VALRICO FL	<input type="checkbox"/>
DV	SCHMIDT, RANDALL D	4711 STONE HOLLOW CT	VALRICO FL	<input type="checkbox"/>
DT	SCHMIDT, DARLENE J	1009 SYMPHONY ISLES BLVD	APOLLO BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E034 (9/01)