

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0051171

DOCUMENT # **K31006**

1. Entity Name
SUSAN SCHMIDT, INC.

05-01-2001 90118 007 ***150.00

Principal Place of Business Mailing Address
% SUSAN SCHMIDT **% SUSAN SCHMIDT**
204 PARK AVE N. **204 PARK AVE N.**
WINTER PARK FL 32789 **WINTER PARK FL 32789**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number **59-2911175** Added For
 No. Applicable

Zip Country Zip Country 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

SCHMIDT, SUSAN
204 PARK AVE N.
WINTER PARK FL

Name
 Street Address (P.O. Box Numbers Not Acceptable)
 City 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 *Susan Schmidt* **SUSAN SCHMIDT** **4-27-01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. 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 2001	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SCHMIDT, SUSAN 204 PARK AVE N. WINTER PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information contained 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Susan Schmidt* **4-27-01** **407-647-6333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.
SUSAN SCHMIDT

CR2F034 (10/00)