

2001 UNIFORM BUSINESS REPORT (UBR)

0005488 AF

DOCUMENT # L00000000498

1. Entity Name
SCHMIDT INTERNATIONAL, LLC

FILED

01 MAR -7 PM 12:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**20 N. ORANGE AVE., STE. 1000
ORLANDO FL 32801-4626**

Mailing Address
**20 N. ORANGE AVE., STE. 1000
ORLANDO FL 32801-4626**



2. Principal Place of Business
4340 W. Hillsborough Ave.

3. Mailing Address
same

Suite, Apt. #, etc.
212

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida

City & State

4. FEI Number
59-3620602

Applied For
Not Applicable

Zip Country
33614 U.S.A.

Zip Country

5. Certificate of Status Desired ☐ **\$5.00** Additional - Fee Required

6. Name and Address of Current Registered Agent

**HUMPHRIES, J. GREGORY ESQ.
SHUTTS & BOWEN, LLP
20 N. ORANGE AVE., STE. 1000
ORLANDO FL 32801-4626**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Robert E. Schmidt, Jr.
4340 W. Hillsborough Ave. #212
Tampa, FL 33614**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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TITLE ☐ Delete
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☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/3/01 813-873-2682
Date Daytime Phone #

CR2E083 (11/00)