

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004862 AF

DOCUMENT # L99000005174

1. Entity Name

WALDHEIM, SCHMITT & SCHMITT, D.M.D., P.L.L.C.

FILED

2001 APR 30 AM 9:11

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

520 SOUTH MAITLAND AVENUE  
MAITLAND FL 32751

Mailing Address

520 SOUTH MAITLAND AVENUE  
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3593003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR  
315 EAST ROBINSON STREET, SUITE 600  
ORLANDO FL 32802

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

200004220942--7  
-05/16/01--01118--030  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☒ Delete  
NAME WALDHEIM, F.C. D.M.D.  
STREET ADDRESS 520 SOUTH MAITLAND AVENUE  
CITY-ST-ZIP MAITLAND FL 32751

TITLE MGRM ☐ Delete  
NAME SCHMITT, CHARLES D.M.D.  
STREET ADDRESS 520 SOUTH MAITLAND AVENUE  
CITY-ST-ZIP MAITLAND FL 32751

TITLE MGRM ☐ Delete  
NAME SCHMITT, C. SCOTT D.M.D.  
STREET ADDRESS 520 SOUTH MAITLAND AVENUE  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

Date

Daytime Phone #

CR2E083 (11/00)