

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-14-2001 90078 049 ***150.00

DOCUMENT # P00000015012

1. Entity Name
SCHMALER, INC.

Principal Place of Business
30 COMANCHE CT
PALM COAST FL 32137

Mailing Address
30 COMANCHE CT
PALM COAST FL 32137

2. Principal Place of Business
178 FRANKFORD LN.
 Suite, Apt. #, etc.

3. Mailing Address
135 PRITCHARD DR.
 Suite, Apt. #, etc.

City & State
PALM COAST FL.
 Zip
32137

City & State
PALM COAST FL.
 Zip
32164

4. FEI Number
59-3724610

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMALER, EDDIE
30 COMANCHE CT
PALM COAST FL 32137

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P SCHMALER, EDDIE 30 COMANCHE CT PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Eddie Schmal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 2001

Date

Daytime Phone #

CR2E034 (5/01)

Look for printed, torn and video print from the front and back of Original Document on back. If present, Do Not Cash.

Attachment
00000015012
76559

DATE 05/16/01
C.012

BANK OF AMERICA, NA
10630000474 E3193 01
05/16/01
604030001

DO NOT
STAMP OR SIGN
RESERVED FOR FINANCIAL
MAY 10 2001

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1069068796

ENDORSE HERE

EDWARD D. SCHMALER 05-99
904-446-8678
178 FRANKFORD LANE
PALM COAST, FL 32137

974501
DATE 4-30-01

257
63-4/630 FL
1430

Pay to the Order of DEPARTMENT OF STATE \$ 150.00

One hundred fifty and 00/100 Dollars

NationsBank
NationsBank, N.A.

ACH R/T 063000047

For Edward Schmaler

⑆063000047⑆ 003060803765⑈ 0257 ⑈0000015000⑈