**FILED** 

## 2001 HNIFORM RUSINESS REPORT HIRRY

DOCUMENT # P0000015012  1. Entity Name SCHMALER, INC.						Jul 18, 2001 8:00 am Secretary of State 05-14-2001 90078 049 ***150.00					
Principal Place of Business Mailing Address 30 COMANCHE CT 30 COMANCHI PALM COAST FL 32137 PALM COAST				· /			it Bailat 1120k Bilita Baila	1 (7 <b>4</b> 77 (181 188)			
2. Principal Place of Business  178 FRANKFORD LU.  Suite, Apt. #, etc.  3. Mailing Address 135 PRITCHARD DI Suite, Apt. #, etc.				٤,		DO NOT WRITE IN THIS SPACE					
City & State  PALM COAST F. L.  Zip Country Zip Coi				itry	4. FEI Number Applied For Not Applicable S8.75 Additional						
32137		32164		, -	Ì	Certificate of Status Desired	Fee Require				
	6. Name and Address of Current	Registered Agent		Name	7. F	Name and Address of New Regist	ered Agent				
SCHMALI 30 COMA PALM CO		Street Address (P.O. Box Number is Not Acceptable)									
I ALIII OC		City FL Zip Code									
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or regis	tered ag	ent, or both, in the State of Florida.					
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature requ	irød when re	einstating)	DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FE After September 12, 200 Make Check Payable to			, 2001	Fee will be \$75		Election Campaign Financir     Trust Fund Contribution.		00 May Be d to Fees			
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMALER, EDDIE 30 COMANCHE CT PALM COAST FL 32137	□ Delete					☐ Change	☐ Addition			
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE				☐ Change	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.

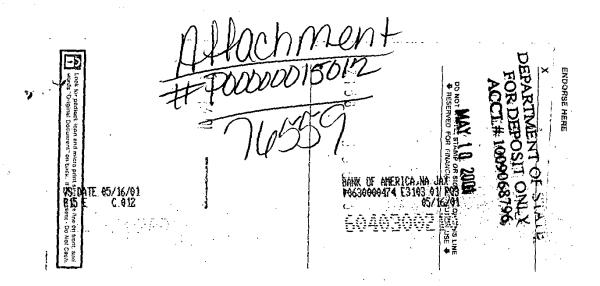
CITY-ST-ZIP

SIGNATURE: Ida Schulle REQUIRED

CITY-ST-ZIP

July 10, 200 1

Daytime Phone #



EDWARD D. SCHMALER 904-446-8678 178 FRANKFORD LANE PALM COAST, FL 32137	05-99		974 DATE_H-	501 30.01	257 63-4/630 FL 1430
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