

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90262 004 ***150.00

DOCUMENT #	P 00000060925
1. Entity Name	
Deborah M. Schmitt P.A.	

DO NOT WRITE IN THIS SPACE

94073247

2. Principal Place of Business		3. Mailing Address	
3918 Handy Road		P. O. Box 23056	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 102			
City & State		City & State	
Tampa, FL		Tampa, FL	
Zip	Country	Zip	Country
33619	USA	33623-3056	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-3652704		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

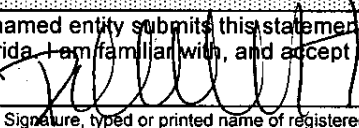
Name
Deborah M. Schmitt ESQ.
Street Address (P.O. Box Number is Not Acceptable)
10506 Chilmark Way

City
Tampa

FL

Zip Code
33626

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, I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Deborah M. Schmitt 4/20/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T Deborah M. Schmitt ESQ 10506 Chilmark Way Tampa, FL 33626
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Deborah M. Schmitt \ President 4/20/2004 (813) 926-2739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #