FILED
Jul 17, 2003 8:00 am
Secretary of State
07-17-2003 90036 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060925

1. Entity Name
DEBORAH M. SCHMITT, P.A.,

Principal Place of Business	Mailing Address
2202 N. WEST SHORE BLVD., STE. 200 TAMPA, FL 33607	2202 N. WEST SHORE BLVD., STE. 200 TAMPA, FL 33607

[redacted]

2. Principal Place of Business	3. Mailing Address
3418 Handy Road	PO Box 230576
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc.
City & State Tampa Florida	City & State Tampa Florida
Zip 33618 Country USA	Zip 33623 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3652704 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMITT, DEBORAH M ESQ.
2202 N. WEST SHORE BLVD., STE. 200
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name Deborah M Schmitt
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 [signature] 7/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHMITT, DEBORAH M ESQ. 2202 N. WEST SHORE BLVD., STE. 200 TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deborah M Schmitt Esq 10506 Chilmark Way Tampa FL 33626	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/5/03 (813)926-2739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #