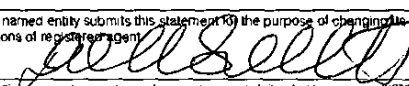


FILED
Jul 17, 2003 8:00 am
Secretary of State

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 2202 N. WEST SHORE BLVD., STE. 200 TAMPA, FL 33607		Mailing Address 2202 N. WEST SHORE BLVD., STE. 200 TAMPA, FL 33607	
2. Principal Place of Business 3418 Hardy Road Suite, Apt. #, etc. Suite 102 City & State Tampa Florida Zip 33618 Country USA		3. Mailing Address PO Box 23056 Suite, Apt. #, etc. # City & State Tampa Florida 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 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  DATE 7/5/03			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 a valid live e-mail address.			
SIGNATURE:  DATE 7/5/03 (813) 926-2739			