04/16/01 10:40 FAX 9544368195 Jennifer L. Schecht

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90045 048 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105880

1. Entity Name

Schmidt RACING TEAM

Principal Place of Business
11420 NW45 PlAce
SUNRISE Fl 33323

Mailing Address

553253

2. Principal Place of Business	3. Mailing Address
11420 NW 45 PlAce	11420 NW 45 PlAce
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE Fl 33323	City & State: SUNRISE Fl 33323
Zip: 33323 Country: Broward	Zip: 33323 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1054077 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL SCHMIDT
11420 NW 45 Pl
SUNRISE Fl 33323

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] president DATE 4-26-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	president (CEO) / MICHAEL SCHMIDT / 11420 NW 45 Pl / SUNRISE Fl 33323 ☐ 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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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.