

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-22-2002 90139 048 ***150.00

DOCUMENT # P01000024237

1. Entity Name

FRUITFUL VINE MIDWIFERY SERVICE, INC.

Principal Place of Business

9951 ATLANTIC BLVD., STE. 418-319
JACKSONVILLE FL 32225

Mailing Address

9951 ATLANTIC BLVD., STE. 418-319
JACKSONVILLE FL 32225

2. Principal Place of Business

9951 Atlantic Blvd

3. Mailing Address

Suite 319

Suite, Apt. #, etc.

Suite 319

Suite, Apt. #, etc.

Suite 319

City & State

Jacksonville, FL

City & State

Zip Country

Zip

32225

Country

USA

Zip

Country

4. FEI Number

not applicable

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SCHMIDT, SHARON

9951 ATLANTIC BLVD., STE. 418-319
JACKSONVILLE FL 32225

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 ☐ Delete
 STREET ADDRESS Sharon Schmidt
 CITY-ST-ZIP 2648 Kersy Dr. W.
 JAX, FL 32216

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS Vice President
 CITY-ST-ZIP Raymond Schmidt
 2648 Kersy Dr W.
 JAX, FL 32216

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

Sharon Schmidt, DM

Date

Daytime Phone #

4/29/02 904865-4211

CR2E034 (9/01)