

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2003 8:00 am
Secretary of State
05-28-2003 90116 025 ***150.00

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DOCUMENT # P01000024237

1. Entity Name
FRUITFUL VINE MIDWIFERY SERVICE, INC.



Principal Place of Business
9951 ATLANTIC BLVD., STE 319
JACKSONVILLE FL 32225

Mailing Address
9951 ATLANTIC BLVD., STE 319
JACKSONVILLE FL 32225

2. Principal Place of Business
4311 Salisbury Rd N.
Suite, Apt. #, etc.

3. Mailing Address
4311 Salisbury Rd N
Suite, Apt. #, etc.

City & State
Jax, FL

City & State
Jax, FL

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip 32216 **Country** USA

Zip 32216 **Country** USA

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

SCHMIDT, SHARON
9951 ATLANTIC BLVD., STE. 418
JACKSONVILLE FL 32225

Name
Street Address (P.O. Box Number is Not Acceptable)
4311 Salisbury Rd N
City Jax **FL** **Zip Code** 32216

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 *Sharon Schmidt*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 30 Apr 03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	SCHMIDT, SHARON
STREET ADDRESS	2648 KERSY DR. WEST
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	VP <input type="checkbox"/> Delete
NAME	SCHMIDT, RAYMOND
STREET ADDRESS	2648 KERSEY DR. WEST
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sharon Schmidt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 30 Apr 03 **904**
Daytime Phone # 855-4211

CR2E034 (10/02)