

02/03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000024428

1. Entity Name

MICHAEL D. SCHIFF ENTERPRISES, INC.



FILED
03 FEB 25 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
400 E. Bay Street

3. Mailing Address
400 E. Bay Street

Suite, Apt. #, etc.
Suite 606

Suite, Apt. #, etc.
Suite 606

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32202

Country
USA

Zip
32202

Country
USA

4. FEI Number
59-3704875

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael D. Schiff, M.D.

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

400 East Bay Street, Suite 606

City
Jacksonville

FL Zip Code
32202

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.

900013092379
02/25/03--01051--017 **150.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Michael D. Schiff, M.D.
400 E. Bay St., #606, Jacksonville, FL 32202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

Date

904-358-0466

Daytime Phone #

CR2E034B (12/02)

Boca Raton
Fort Lauderdale
Jacksonville
Miami
Orlando
Tallahassee
Tampa
West Palm Beach

**Akerman Senterfitt**
501 N. Duval Street, Suite 2500
Jacksonville, Florida 32202-3646
www.akerman.com
904 798 3700 tel 904 798 3730 fax

February 24, 2003

Laura W. Austin, Paralegal
904 598 8617
laustin@akerman.com

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**Re: 2003 Uniform Business Report
Michael D. Schiff Enterprises, Inc.
Document Number: P01000024428**

Dear Sir/Madam:

Enclosed for filing is the 2003 Uniform Business Report and this firms check in the amount of \$150.00 for the above referenced corporation.

Thank you for you immediate attention in filing this report.

Please call me at (904) 598-8617 if you have any questions.

Sincerely,

AKERMAN SENTERFITT



Laura W. Austin, Paralegal