

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90035 034 ***150.00

DOCUMENT # P02000090523

1. Entity Name

J.C. Schmidt Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
945 Nash Ave

Suite, Apt. #, etc.

3. Mailing Address
945 Nash Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Nokomis Florida

City & State
Nokomis Florida

4. FEI Number 22-3865955

Applied For
Not Applicable

Zip
34276

Country

Zip
34276

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jason C Schmidt

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

945 Nash Ave

City Nokomis

FL

Zip Code
34276

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

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

President
Jason C Schmidt
945 Nash Ave

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

Jason Schmidt 2-10-03

Date

Daytime Phone #

CR2E034B (12/02)