


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

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90265 050 \*\*\*158.75

DOCUMENT # <b>P03000118946</b>	
1. Entity Name <b>HARRY R. SCHMIDT, JR., INC.</b>	

**DO NOT WRITE IN THIS SPACE**

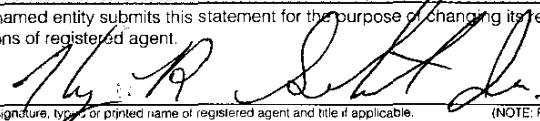
2. Principal Place of Business <b>5383 NW ALMOND AVE.</b> Suite, Apt. #, etc. <b>PORT ST. LUCIE, FL</b> City & State <b>34986</b> <b>FL</b> Zip Country		3. Mailing Address <b>5383 NW ALMOND AVE</b> Suite, Apt. #, etc. <b>PORT ST. LUCIE, FL</b> City & State <b>34986</b> <b>FL</b> Zip Country	
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**40059001**

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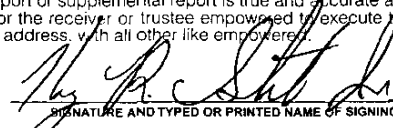
4. FEI Number <b>32-0096401</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>SCHMIDT, HARRY R. JR.</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>5383 NW ALMOND AVE</b>	
	City <b>PORT ST. LUCIE,</b>	State <b>FL</b> Zip Code <b>34986</b>

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 	DATE <b>4/13/05</b>

<b>January - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHMIDT, HARRY R. JR.</b> <b>5383 NW ALMOND AVE.</b> <b>PORT ST. LUCIE, FL 34986</b>	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: 	<b>PRESIDENT</b>	DATE <b>4/13/05</b>	DAYTIME PHONE # <b>772-343-9295</b>

CR2E034B (12/02)