

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P930000041866** ✓
 1. Entry Name
SHOOTERS BY SCHMITT INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 91000 043 ***158.75

Principal Place of Business
8009 NW 54 ST.
MIAMI, FL 33166

A0056858

2. Principal Place of Business
8009 NW 54 ST.
 Suite, Apt. # etc.

3. Mailing Address
SAME
 Suite, Apt. # etc.

City & State
MIAMI FL
 Zip
33166 Country
DATE

4. Filing Number
650419656

5. Initial Filing Fee
X \$8.75 Add'l Fee Required

6. Name and Address of Current Registered Agent
HERBERT PAIGE
8009 NW 54 ST.
MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name
 Street Address (Include Number, St., Apt. #)
 City, State, Zip
FL

8. The above named entry submits this statement for the purpose of or in compliance with the provisions of Chapter 689, Florida Statutes, for both or the State of Florida.

SIGNATURE _____
 By Statewide Registered Agent, Registered Agent, or Registered Agent for both or the State of Florida

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so **X**
 (See or refer to back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Filing Fee
 True Filing Corporation **\$5.00** Add'l Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ Director
NAME	JAMES PAIGE	
STREET ADDRESS	8009 NW 54 ST.	
CITY, ST, ZIP	MIAMI, FL 33166	
TITLE	SECRETARY	☐ Director
NAME	JOAN PAIGE	
STREET ADDRESS	8009 NW 54 ST.	
CITY, ST, ZIP	MIAMI, FL 33166	
TITLE	VICE PRESIDENT	☐ Director
NAME	HERBERT PAIGE	
STREET ADDRESS	8009 NW 54 ST.	
CITY, ST, ZIP	MIAMI, FL 33166	
TITLE		☐ Director
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Director
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. ADDITIONAL CHARGES TO EFFECTUATE FILING

TITLE	NAME	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 114.01(3)(a), Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that the signatory is a duly authorized officer or registered agent of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes, and that the signatory is not a disqualified person, as defined in Chapter 689, Florida Statutes, and that the signatory is not a disqualified person, as defined in Chapter 689, Florida Statutes, and that the signatory is not a disqualified person, as defined in Chapter 689, Florida Statutes.

SIGNATURE: **HERBERT PAIGE V. PRES** **4/16/01** **305-994-7567**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR