

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90041 048 ***150.00

0063962

DOCUMENT # P93000080438

1. Entity Name

JAMES R. SCHMOOK, INC.

Principal Place of Business

**415 NW IVANHOE BLVD
ORLANDO FL 32804**

Mailing Address

**415 NW IVANHOE BLVD
ORLANDO FL 32804**

2. Principal Place of Business

**1100 S. Delaney Ave
Suite, Apt. #, etc.
F-503**

3. Mailing Address

**1100 S. Delaney Ave
Suite, Apt. #, etc.
F-503**

City & State

Orlando FL

City & State

Orlando FL

Zip

Country

32806-1257 USA

Zip

Country

32806-1257 USA

4. FEI Number

95-3493435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOUGLAS, KRISTY
415 NW IVANHOE BLVD
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Douglas, Sandra**
Street Address (P.O. Box Number is Not Acceptable)
1100 S. Delaney Ave #F-503
City **Orlando** FL Zip Code **32806-1257**

* 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on 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 Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SCHMOOK, JAMES R**
STREET ADDRESS **18061 VERANO DR**
CITY-ST-ZIP **SAN DIEGO CA 92128**

TITLE **DST** ☐ Delete
NAME **SCHMOOK, KAY G**
STREET ADDRESS **18061 VERANO DR**
CITY-ST-ZIP **SAN DIEGO CA 92128**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kay Schmoock**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAY SCHMOOK

1/19/01

Date

(858) 618-1938

Daytime Phone #

CR2E034 (10/00)