

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065054

1. Entity Name

SCHMITZ DEVELOPMENT GROUP, INC.

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90231 028 \*\*\*550.00

Principal Place of Business

147 OCEAN HOLLOW LANE  
ST. AUGUSTINE FL 32095  
US

Mailing Address

147 OCEAN HOLLOW LANE  
ST. AUGUSTINE FL 32095  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3289467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANT MOORE SAPP MACDONALD & WELLS P.A.  
50 NORTH LAURA ST.  
SUITE 3100, BARNETT CENTER  
JACKSONVILLE FL 32202

Name

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

City

**FL**

Zip Code

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.

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!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMITZ, RONALD N</b>	
STREET ADDRESS	<b>147 OCEAN HOLLOW LANE</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32095</b>	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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 no 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: Ronald N Schmitz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/01  
Date

904-823-9606  
Daytime Phone #