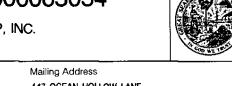
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P94000065054

SCHMITZ DEVELOPMENT GROUP, INC.





04-16-2003 90163 005 ***150.00

Principal Place of Business 147 OCEAN HOLLOW LANE \$T. AUGUSTINE FL 32095 US				Mailing Address 147 OCEAN HOLLOW LANE ST. AUGUSTINE FL 32095 US					1 MARINER I 17 A 18 MARIN RENN ER ER MARIN RENN ER MAR	
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES	
City & State				City & State				4.	4. FEI Number Applied For Not Applicable	
Zip	Country		Zip	ip Cour		гу	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current				Registered Agent				7.	7. Name and Address of New Registered Agent	
							Name			
BRANT MOORE SAPP MACDONALD & WELLS P.A. 50 NORTH LAURA ST.							Street Add	ress (P.O.	D. Box Number is Not Acceptable)	
SUITE 3100, BARNETT CENTER						ſ		_		
JACKSONVILLE FL 32202							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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State			_		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.			OFFICERS AND		RS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLÉ LE TOTAL	D SCHMITZ, 147 OCEA ST AUGUS	RONALD N HOLLO	N OW LANE	51112010	☐ Delete	TITLE NAME STREE			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6			☐ Delete			_	☐ Change ☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP					Delete				☐ Change ☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

904-823-9606