

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093791

1. Entity Name
SCHMITZ CORPORATION

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90009 019 ***150.00

Principal Place of Business

1708 CAPE CORAL PKWY
STE J
CAPE CORAL FL 33914
US

Mailing Address

C/O RONCHI
607 SW 28TH ST
CAPE CORAL FL 33914
US

2. Principal Place of Business

3. Mailing Address

1708 CAPE CORAL PKWY W STE J
Suite, Apt. #, etc.

607 SW 28TH STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

65-0552092

Applied For

Not Applicable

Zip

33914

Country

LEE

Zip

33914

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RONCHI, UTE
607 SW 28TH ST
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-05-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
ROSIK, DIETMAR
607 SW 28TH ST
CAPE CORAL FL 33914 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
RONCHI, UTE
607 SW 28TH ST
CAPE CORAL FL 33914 ☐ Delete

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

TITLE
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☐ Delete

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

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: Ute Ronchi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UTE RONCHI
VICE PRES.

Date

Daytime Phone #

04-05-01 (941) 542-7889

CR2E034 (10/00)