2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State
02-20-2003 90110 003 ***150.00

DOCUMENT # P95000009680

1. Entity Name
GLORIA JEAN SCHMITTEN, P.A.

Principal Place of Business
1831 SABAL PALM DR
#106
DAVIE FL 33324
US

Mailing Address
PO BOX 550704
FT LAUDERDALE FL 33355
US

2. Principal Place of Business
1352 NW 126 Ave
Suite, Apt. #, etc.
City & State: SUNRise, FL
Zip: 33323
Country: BROWARD

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0553071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

GLORIA J. SCHMITTEN
12571 SW 6 ST
FT LAUDERDALE FL 33325

7. **Name and Address of New Registered Agent**

Name: GLORIA J. SCHMITTEN
Street Address (P.O. Box Number is Not Acceptable): 1352 NW 126 Ave
City: SUNRise, FL Zip Code: 33323

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: Gloria Jean Schmitten, PA DATE: 2/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SCHMITTEN, GLORIA J	
STREET ADDRESS	1831 SABAL PALM DR #106	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (10/02)

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: Gloria Jean Schmitten PA 2/15/03 954-845-9845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GLORIA JEAN SCHMITTEN PA