

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90362 016 ***150.00

DOCUMENT # ~~95000034325~~

1. Entity Name

MVS CORAL KEY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

130 SW 51ST TERRACE
CAPE CORAL FL 33914
US130 SW 51ST TERRACE
CAPE CORAL FL 33914
US

2. Principal Place of Business

5130 SW 2ND AVENUE

3. Mailing Address

5130 SW 2ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

65-0630861

Applied For

Not Applicable

Zip

33914

Country

US

Zip

33914

Country

US

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

6. Name and Address of Current Registered Agent

SCHMID, MICHAEL
130 SW 51ST TERRACE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

SCHMID, MICHAEL

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

5130 SW 2ND AVENUE

City

CAPE CORAL

FL

Zip Code
33914

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

MICHAEL SCHMID

4/26/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME SCHMID, MICHAEL
STREET ADDRESS 130 SW 41ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition
NAME SCHMID, MICHAEL
STREET ADDRESS 5130 SW 2ND AVENUE
CITY-ST-ZIP CAPE CORAL FL 33914TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

MICHAEL SCHMID

4/26/01

(941) 945-0091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)