## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2000 08:00 AM DOCUMENT # P9700098170 1. Entity Name **Secretary of State** SCHMITT CONSTRUCTION CO. Principal Place of Business Mailing Address 8800 SW 10 STREET 8800 SW 10 STREET BOCA RATON FL BOCA RATON FL 33433 33433 2. Principal Place of Business 3. Mailing Address 207 NW 48TH AVENUE 207 NW 48TH AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DEERFIELD BEACH FL DEERFIELD BEACH FL 65-0796300 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33442 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERILAWYER 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES 33134 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. 04/29/2000 SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Detete ☐ Change X Addition NAME SCHMITT DAVID w STREET ADDRESS STREET ADDRESS 207 NW 48TH AVENUE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH 33442 TITLE ☐ Delete PSTD TITLE X Change ☐ Addition NAME NAME SCHMITT CREC SCHMITT GREG A STREET ADDRESS 8800 SW 10 STREET STREET ACCRESS 207 NW 48TH AVENUE CITY-ST-ZIF BOCA RATON FL. 33433 CITY-ST-7IP DEERFIELD BEACH FT. 33442 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED