

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107217

1. Entity Name

BRENDA SCHMIDT, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90006 005 ***150.00

Principal Place of Business

Mailing Address

3507 PARKWOOD AVE
PENSACOLA FL 32504

3507 PARKWOOD AVE
PENSACOLA FL 32504-4552
US

2. Principal Place of Business

3. Mailing Address

2401 Lake Debra Dr
Suite, Apt. #, etc.
#1511

2401 Lake Debra Dr
Suite, Apt. #, etc.
#1511

City & State
Orlando FL
Zip 32835 Country USA

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Orlando FL
Zip 32835 Country USA

4. FEI Number 59-3500362

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, BRENDA
3507 PARKWOOD AVE
PENSACOLA FL 32504

Name Brenda Schmidt
Street Address (P.O. Box Number is Not Acceptable)
2401 Lake Debra Dr
#1511
City Orlando FL Zip 32835

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 Brenda Schmidt

4-14-00

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, 2000 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 P
NAME SCHMIDT, BRENDA
STREET ADDRESS 3507 PARKWOOD AVE
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

TITLE P
NAME SCHMIDT, BRENDA
STREET ADDRESS 2401 LAKE DEBRA DR, #1511
CITY-ST-ZIP ORLANDO, FL 32835 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

Daytime Phone #

(407) 523-1030

CR2E034 (9/99)