

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088392

1. Entity Name

THE PERFECT WEDDING GUIDE OF JACKSONVILLE, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90010 007 ***150.00

Principal Place of Business

539 SELVA LAKE CIRCLE
ATLANTIC BEACH FL 32233

Mailing Address

POST OFFICE 331283
ATLANTIC BEACH FL 32233-1283

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3538498

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GROOVER SCHMITT, ELIZABETH
539 SELVA LAKE CIRCLE
ATLANTIC BEACH FL 32233

Name

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

3724 E. Wexford Hills Rd

City

Jacksonville

FL

Zip Code
32224

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D GROOVER SCHMITT, ELIZABETH 539 SELVA LAKE CIRCLE ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Beth Schmitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00 (CRA) 321-7473
Date Daytime Phone #

CR2E034 (9/99)