

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90967 045 ***150.00

DOCUMENT # P 99 0000 33695

1. Entity Name

SHIPCOURT (FLORIDA) INC.

DO NOT WRITE IN THIS SPACE

80056856

2. Principal Place of Business

1218 MARTINIQUE CT.

3. Mailing Address

1106 DORCHESTER CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

% G. KNAUERHASE

DO NOT WRITE IN THIS SPACE

City & State

MARCO ISLAND,

City & State

NAPLES, FL

4. FEI Number

65-0910715

Applied For

Not Applicable

Zip

34145

Country

COLLIER

Zip

34104

Country

COLLIER

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

7. Name and Address of Current Registered Agent

Name

SCHMIDT, MALWINE

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

1218 MARTINIQUE CT.

City

MARCO ISLAND

FL

Zip Code

34145

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IN THIS SPACE**

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

N/A

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 on ☒ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TREAS SCHMIDT, MALWINE 1218 MARTINIQUE CT. MARCO ISLAND, FL 34145</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VIP SEC. SCHMIDT, MONICA 1218 MARTINIQUE CT. MARCO ISLAND, FL 34145</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRES. SCHMIDT, WIELAND 1218 MARTINIQUE CT. MARCO ISLAND, FL 34145</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MONICA SCHMIDT
3/15/02 941-348-8481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)