2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P99000038003 THEODORE SCHMIDT CONSULTING, INC. 04-24-2000 90124 041 ***150.00 Principal Place of Business Mailing Address 3903 11TH AVENUE WEST 3903 11TH AVENUE WEST BRADENTON FL 34205 **BRADENTON FL 34205-1610** 2. Place of Business 3. Mailing Address 4322 ISMWAY WEST 233 15TH WAY WEST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0928274 PAIMETTO PALMETTO Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired MANATEE Fee Required MANATE E 34221 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIROS. THOMAS ANDREW Street Address (P.O. Box Number is Not Acceptable) 8309 9TH AVENUE TERRACE **BRADENTON FL 34205** City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESIDENT , TREASURER Change TITLE Delete ☐ Addition THEODORE J. SCHMIDT NAME NAME 4322 ISTH WAY WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACMETTO, FL 34221 VICE PRESIDENT, SECRETARY Tonange Delete TITLE ☐ Addition TITLE KAROLASCHMIDT NAME NAME 4322 ISTH WAY WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ÎITE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

TWAKE OF SIGNING OFFICER OR DIRECTOR