

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059388

1. Entity Name

VICTORIAN MAIDS & STEWARDS, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90106 040 ***150.00

Principal Place of Business

2614 MELWOOD DRIVE
MELBOURNE FL 32901

Mailing Address

2614 MELWOOD DRIVE
MELBOURNE FL 32901-7324

2. Principal Place of Business

2614 Melwood Dr.
Suite, Apt. #, etc.
n/a

3. Mailing Address

2614 Melwood Dr.
Suite, Apt. #, etc.
n/a

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-00-088692-931

Applied For

Not Applicable

Zip

32901

Country

Brevard

Zip

32901

Country

Brevard

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

n/a

6. Name and Address of Current Registered Agent

SCHNATZ, STEPHEN J
2614 MELWOOD DRIVE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: Stephen J. Schnatz President
Street Address (P.O. Box Number is Not Acceptable):
2614 Melwood Dr.
H.
City: Melbourne FL Zip Code: 32901

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 and elects to do so.
(See criteria on back) ☐ n/a

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. ☐ n/a

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen J. Schnatz 2614 Melwood Dr. Melbourne, FL 32901 President	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donna A Schnatz 2614 Melwood Dr. Melbourne, FL 32901 V-Pres.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n/a	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/00

Date

321-782-0107

Daytime Phone #

CR2E034 (9/93)