

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90044 020 \*\*\*150.00

**DOCUMENT # P99000059388**

1. Entity Name

**VICTORIAN MAIDS & STEWARDS, INC.**

Principal Place of Business

**2614 MELWOOD DRIVE  
 MELBOURNE FL 32901**

Mailing Address

**2614 MELWOOD DRIVE  
 MELBOURNE FL 32901**

2. Principal Place of Business

*2614 Melwood Dr.*

2. Mailing Address

*2614 Melwood Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*nlq*

*nlq*

City & State

City & State

*Melbourne FL*

*Melbourne FL*

Zip

Zip

*32901*

*32901*

Country

Country

*Brevard*

*Brevard*

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

*nlq*

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

*nlq*

*nlq*

City

*nlq*

**FL**

Zip Code

*nlq*

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 *nlq*

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, 2001 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

TITLE	<b>PSchnatz, Stephen</b>	<input type="checkbox"/> Delete
NAME	<b>SCHNATZ, DONNA</b>	
STREET ADDRESS	<b>2614 MELWOOD DR.</b>	<i>2614 Melwood Dr</i>
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	<i>Melbourne, FL 32901</i>
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DONNA M Schnatz</b>	
STREET ADDRESS	<b>2614 Melwood Dr.</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32901</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<i>nlq</i>	
STREET ADDRESS		
CITY-ST-ZIP	<i>nlq</i>	
TITLE		<input type="checkbox"/> Delete
NAME	<i>nlq</i>	
STREET ADDRESS		
CITY-ST-ZIP	<i>nlq</i>	
TITLE		<input type="checkbox"/> Delete
NAME	<i>nlq</i>	
STREET ADDRESS		
CITY-ST-ZIP	<i>nlq</i>	
TITLE		<input type="checkbox"/> Delete
NAME	<i>nlq</i>	
STREET ADDRESS		
CITY-ST-ZIP	<i>nlq</i>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>nlq</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>nlq</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>nlq</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>nlq</i>	

*← is not a change - Records not updated.*

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/25/01 321-782-0101*

CR2E034 (10/00)

0076808