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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
04-15-2002 90017 029 ***150.00

DOCUMENT # P99000059388

1. Entity Name
VICTORIAN MAIDS & STEWARDS, INC.

Principal Place of Business	Mailing Address
2614 MELWOOD DRIVE MELBOURNE FL 32901	2614 MELWOOD DRIVE MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2614 Melwood Dr Suite, Apt. #, etc.	P.O. Box 0591 Suite, Apt. #, etc.
City & State: Melbourne FL	City & State: Melbourne FL
Zip: 32901 Country: Brevard	Zip: 32902 Country: Brevard

4. FEI Number 59-8869234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired n/a ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNATZ, STEPHEN J 2614 MELWOOD DRIVE MELBOURNE FL 32901	Name: Stephen J. Schnatz President Street Address (P.O. Box Number is Not Acceptable): 2614 Melwood Dr 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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X President SCHNATZ, ~~DONNA~~ Stephen 2614 HELWOOD DR. MELBOURNE FL 32901	☐ Delete	n/a	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHNATZ, DONNA M 2614 ~~MELWOOD DRIVE~~ Melwood DR. MELBOURNE FL 32901	☐ Delete	n/a	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	n/a	☐ Delete	n/a	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	n/a	☐ Delete	n/a	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	n/a	☐ Delete	n/a	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	n/a	☐ Delete	n/a	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED 4/15/02 321-722-0107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #