

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90113 045 \*\*\*150.00

**00033106**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # V03177**

1. Entity Name

**JAX OF FLORIDA INC.**

Principal Place of Business

Mailing Address

**1633 FIRST STREET EAST**  
**BRADENTON FL 34208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3099074**☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS J. SCHMITT**  
**4310 EDENROSE WAY**  
**SARASOTA FL 34235-2211**

Name

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

City

**FL**

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT - SEC. - TREAS.	THOMAS J. SCHMITT	4310 EDENROSE WAY	SARASOTA FL 34235	<input type="checkbox"/>
VICE PRESIDENT	JOHN C. SCHMITT, JR.	5816 FAIRWAY LAKES DRIVE	SARASOTA FL 34243	<input type="checkbox"/>
DIRECTOR	ANGELA M. SCHMITT	5816 FAIRWAY LAKES DRIVE	SARASOTA FL 34243	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

**4/13/00**

Date

**(941) 748-0342**

Daytime Phone #

CR2E034 (9/99)