

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90011 001 ***150.00

DOCUMENT # **V03177**

1. Entity Name
JAX OF FLORIDA, INC.



Principal Place of Business
**1633 FIRST STREET EAST
BRADENTON FL 34208
US**

Mailing Address
**1633 FIRST STREET EAST
BRADENTON FL 34208
US**

2. Principal Place of Business
1625 FIRST STREET EAST
Suite, Apt. #, etc.

3. Mailing Address
1625 FIRST STREET EAST
Suite, Apt. #, etc.

City & State
BRADENTON FL
Zip
34208
Country

City & State
BRADENTON FL
Zip
34208
Country

4. FEI Number **59-3099074**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHMITT, THOMAS J.
4310 EDENROSE WAY
SARASOTA FL 34235**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas J. Schmitt*
Signature, typed or printed name of registered agent and title if applicable.

THOMAS J. SCHMITT
(NOTE: Registered Agent signature required when reinstating)

1-7-2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMITT, ANGELA M	
STREET ADDRESS	5816 FAIRWAY LAKES DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHMITT, JOHN C	
STREET ADDRESS	5816 FAIRWAY LAKES DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SCHMITT, THOMAS J	
STREET ADDRESS	4310 EDENROSE WAY	
CITY-ST-ZIP	SARASOTA FL 34235-2211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas J. Schmitt* **THOMAS J. SCHMITT** **1-7-2003** **(941) 748-0342**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)