## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P94000073444 J.T. SMITH'S ENCORE PRODUCTIONS, INC. 04-04-2001 90013 031 \*\*\*150.00 Principal Place of Business Mailing Address 1805 IBIS LANE P.O. BOX 344 SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 65-0555746 Applied For City & State 4. FEI Number Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, J T Street Address (P.O. Box Number is Not Acceptable) 1805 IBIS LANE SANIBEL FL 33957 City Zip Code Fl 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, JOHN T NAME NAME 1805 IRIS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL FL CITY-ST-ZIP TITLE Delete TITLE Change Addition ST. JOHN, MARILYN NAME NAME **579 RABBIT RD** STREET ADDRESS STREET ADDRESS SANIBEL FL CITY-ST-ZIP CITY-ST-7IP ST D Change Delete TITLE Addition TITLE DAYIES, LAWY 1597, Sandcas DAVIS, LAUREN NAME NAME STREET ADDRESS 1597 SANDCASTLE RD. STREET ADDRESS CITY-ST-7IF SANIBEL FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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