

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90401 043 \*\*\*150.00

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**DOCUMENT # P99000002439**

1. Entity Name  
**SURFSMART, INC.**

Principal Place of Business <del>104 WEST PLUMOSA LANE</del> <del>LAKE WORTH FL 33467</del> <b>7233 Red Oak Loop</b> <b>New Port Richey, FL 34654</b>	Mailing Address <del>104 WEST PLUMOSA LANE</del> <del>LAKE WORTH FL 33467</del> <b>7233 Red Oak Loop</b> <b>New Port Richey, FL 34654</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number <b>65-0895914</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TARELL, PATTI**  
**104 WEST PLUMOSA LANE**  
**LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent  
 Name: **TARELL, PATTI**  
 Street Address (P.O. Box Number is Not Acceptable): **6801 LAKE WORTH ROAD, SUITE 124**  
 City: **LAKE WORTH** FL Zip Code: **33467**

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: *Patti Tarell* **Patti Tarell, President** DATE: **4/9/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
**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 NAME <b>D TARELL, PATTI</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>104 WEST PLUMOSA LANE</b>	
CITY-ST-ZIP <b>LAKE WORTH FL 33467</b>	
TITLE NAME <b>D TARELL, PATRICK</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>104 WEST PLUMOSA LANE</b>	
CITY-ST-ZIP <b>LAKE WORTH FL 33467</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <b>P Tarell, Patti</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7233 Red Oak Loop</b>	
CITY-ST-ZIP <b>New Port Richey, FL 34654</b>	
TITLE NAME <b>D Tarell, Patrick</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7233 Red Oak Loop</b>	
CITY-ST-ZIP <b>New Port Richey, FL 34654</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patti Tarell* **Patti Tarell** DATE: **4/9/01**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)