

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S12863

1. Entity Name  
**SMART START ENTERPRISES, INC.**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90002 021 \*\*\*550.00

Principal Place of Business <b>302 E PARK ST AUBURDALE FL 33823 US</b>	Mailing Address <b>302 E PARK ST AUBURDALE FL 33823-3411 US</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>59-3056899</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOWELL, TERRIE L.  
1252 KEYSTONE COURT  
AUBURDALE FL 33823**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. (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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HOWELL, TERRIE L</b>	
STREET ADDRESS	<b>1252 KEYSTONE CT</b>	
CITY-ST-ZIP	<b>AUBURDALE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DESENA, VIRGINIA DIANE</b>	
STREET ADDRESS	<b>1014 BILTMORE DR NW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<del>ST</del>	<del><input checked="" type="checkbox"/> Delete</del>
NAME	<del>HOLTON, SHEILA J</del>	
STREET ADDRESS	<del>3214 IOWA ROAD</del>	
CITY-ST-ZIP	<del>LAKELAND FL</del>	
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		

12. 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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: *Virginia Diane De Sena* **SIGNATURE REQUIRED** **5-8-00** **863 965 3779**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)