

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 29, 2001 8:00 am
Secretary of State

03-08-2001 90076 013 ***150.00

DOCUMENT # **512863** ✓
 1. Entity Name
Smart Start Enterprises, Inc

Principal Place of Business Mailing Address
801 West Beacon Rd.
Lakeland, FL 33803

2. Principal Place of Business 3. Mailing Address
801 W. Beacon Rd. **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State
Lakeland Florida
 Zip Country Zip Country
33803 USA

4. FEI Number Applied For
59-3056899 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee-Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Sheila J. Holton
3214 Iowa Rd.
Lakeland, FL 33803

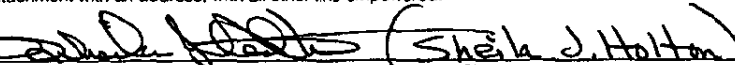
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE  DATE **3-20-01**
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 STREET ADDRESS CITY-ST-ZIP	President Diane De Sena 113 E Lake Ave Auburndale, FL 33823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sheila J. Holton 3214 Iowa Rd. Lakeland, FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **2/26/01** DAYTIME PHONE #: **(863) 667-0337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)