

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J81878

**Entity Name:** SMART GROUP ACCEPTANCE CORPORATION

**Current Principal Place of Business:**

4100 TAMIAMI TRAIL N.  
NAPLES, FL 34103

**Current Mailing Address:**

4100 TAMIAMI TRAIL N.  
NAPLES, FL 34103

**FEI Number:** 59-2851653

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEVOE, MARK A.  
4100 TAMIAMI TRAIL N  
C/O MARK A DEVOE  
NAPLES, FL 34103 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSTD  
Name DEVOE, MARK A  
Address 1843 8TH ST S  
City-State-Zip: NAPLES FL 34102

Title VPD  
Name DEVOE, DONALD P  
Address 530 16TH AVE S  
City-State-Zip: NAPLES FL 34102

Title D  
Name WHITLEY, STEVEN R  
Address 2075 WEST FIRST ST - SUITE 300  
City-State-Zip: FT MYERS FL 33902

Title D  
Name KELLY, CHARLES M  
Address 2390 TAMIAMI TRL N - SUITE 204  
City-State-Zip: NAPLES FL 34103

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK A DEVOE

PSTD

03/17/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date