

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121927

Entity Name: BEV SMITH OF FORT PIERCE II, INC.**Current Principal Place of Business:**5655 US HIGHWAY #1
FT. PIERCE, FL 34982**Current Mailing Address:**5655 US HIGHWAY #1
FT. PIERCE, FL 34982**FEI Number:** 20-3422193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, NICHOLAS S
7845 SW ELLIPSE WAY
STUART, FL 34997 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	D
Name	SMITH, NICHOLAS S
Address	7845 SW ELLIPSE WAY
City-State-Zip:	STUART FL 34997

Title	P
Name	SMITH, NICHOLAS S
Address	7845 SW ELLIPSE WAY
City-State-Zip:	STUART FL 34997

Title	S
Name	SMITH, NICHOLAS S
Address	7845 SW ELLIPSE WAY
City-State-Zip:	STUART FL 34997

Title	T
Name	SMITH, NICHOLAS S
Address	7845 SW ELLIPSE WAY
City-State-Zip:	STUART FL 34997

Title	VP
Name	GONZALEZ, FRANK X
Address	5655 SOUTH US HWY 1
City-State-Zip:	FORT PIERCE FL 34982

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: NICHOLAS S. SMITH**PRESIDENT****02/04/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date