

**2015 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

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC0662405346**

**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: FRANK X. GONZALEZ**

**VICE PRESIDENT**

**01/16/2015**

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

\_\_\_\_\_  
Date