

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 259444

1. Entity Name

BERT SMITH LEASING, INC

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90028 007 ***150.00

Principal Place of Business

Mailing Address

3800 34TH STREET NORTH
P.O. BOX 10640
ST PETERSBURG FL 33733

3800 34TH STREET NORTH
P.O. BOX 10640
ST PETERSBURG FLA 33733-0640

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 59-0952683

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

00012194



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINTHALER, MARTIN P.
3800 34TH STREET NORTH
ST PETERSBURG FL 33714

Name

C.W. Smith

Street Address (P.O. Box Number is Not Acceptable)

3800 34th St. North

City

St. Petersburg

FL

Zip Code

33714

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 C. W. Smith PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH JR, E.W.	
STREET ADDRESS	3800 34TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	V.	<input type="checkbox"/> Delete
NAME	SMITH, E W III	
STREET ADDRESS	3800 34TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, BARBARA G.	
STREET ADDRESS	3800 34TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, C.W.	
STREET ADDRESS	3800 34TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
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"/> 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	Pres.-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C.W. Smith	
STREET ADDRESS	3800 34th St. North	
CITY-ST-ZIP	St. Petersburg, FL 33714	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

727-527-1111

Daytime Phone #

CR2E034 (9/99)