

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 279648

1. Entity Name

RUPERT SMITH AGENCY, INC.

Principal Place of Business

Mailing Address

2 EAST OAK ST.  
P. O. BOX 271  
ARCADIA FL 33821

2 EAST OAK ST.  
ARCADIA FL 34266-4423

2. Principal Place of Business

2 East Oak street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arcadia, FL

City & State

4. FEI Number

59-1089003

Applied For

Not Applicable

Zip

34266

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, VIRGINIA M.  
2 EAST OAK STREET  
ARCADIA FL 33821

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SMITH, RUPERT L.  
43 TALMADGE LN  
STAMFORD, CN. ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
29 Via Ceilo Azul  
Palm Desert, CA 92260

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SMITH, VIRGINIA M  
2 EAST OAK STREET  
ARCADIA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
EVANS, JOCELYN A.  
1240 SE AIRPORT ROAD, 2 E. OAK ST.  
ARCADIA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jocelyn A Evans, Sec/DIR

01/10/00

Date

863-494-3511

Daytime Phone #

FILED

Jan 22, 2000 8:00 am  
Secretary of State

01-22-2000 90038 049 \*\*\*150.00

B0005902



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)