

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90003 022 ***150.00

DOCUMENT # 513350

1. Entity Name

CHARLES D. SMITH INSURANCE, INC.

Principal Place of Business

Mailing Address

115 S. 21ST AVENUE
HOLLYWOOD FL 33020

115 S. 21ST AVENUE
HOLLYWOOD FL 33020-4522

2. Principal Place of Business

113 S 21st Avenue

3. Mailing Address

113 South 21st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL.

4. FEI Number

59-1698738

Applied For

Not Applicable

Zip
22020-4522

Country
USA

Zip
33020-4522

Country
USA

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

Name

MARYLIN M. SMITH

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

113 SOUTH 21ST AVENUE

City

HOLLYWOOD

FL

Zip Code

33020-4522

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

Marylin M. Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

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, CHARLES D.	
STREET ADDRESS	113 SOUTH 21 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, MARYLIN M.	
STREET ADDRESS	113 SOUTH 21 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, MARK F	
STREET ADDRESS	4601 SHERIDAN ST SUITE 505	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARY LYNN	
STREET ADDRESS	113 SOUTH 21 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIDLEY, JAMES I	
STREET ADDRESS	100 NE 3RD AVENUE #1100	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete

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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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:

Marylin M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2000 (954) 925-6993

Date

Daytime Phone #